



2001 St. Michaels Dr. Santa Fe, NM 87505  
Tel: 505-982-4469 Fax: 505-982-4445 [www.cedarwoodvetclinic.com](http://www.cedarwoodvetclinic.com)

### Welcome to Cedarwood Veterinary Clinic!

**Join our PetPals Referral Program!** Tell one or more of your friends about us – they will receive a \$25 credit on their first visit and you will receive a \$25 credit on your account!

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone (circle primary): Cell \_\_\_\_\_ Home \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Were you referred to us by another client? Yes \_\_\_ No \_\_\_**

If so, who? \_\_\_\_\_

If not, how did you find out about us? \_\_\_\_\_

**Previous Veterinarian:** \_\_\_\_\_ Phone \_\_\_\_\_

**Pet Name 1 :** \_\_\_\_\_ Canine \_\_\_ Feline \_\_\_ Other \_\_\_

Age / Birthdate: \_\_\_\_\_ Sex: Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Why are we seeing your pet today? \_\_\_\_\_

**Pet Name 2 :** \_\_\_\_\_ Canine \_\_\_ Feline \_\_\_ Other \_\_\_

Age/Birthdate: \_\_\_\_\_ Sex: Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Why are we seeing your pet today? \_\_\_\_\_

All professional and medical services must be paid in full at the time they are rendered. We accept Visa, MasterCard, Discover, debit cards, cash, check, and CareCredit.

I am the owner/agent of these pets and I understand and abide by the above statements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_