



# Welcome to Cashua Veterinary Care!

Cashua Veterinary Care will provide the highest level of care for your furry companions. To better serve you, please provide the following information for our staff to start or update your record.

**How did you learn of our Hospital? (please check one unless otherwise directed)**

Phone book _____	Client (please specify) _____
Cashua Veterinary Care Website _____	Employee _____
Hospital sign _____	Local Vets.com _____
Yellow Pages online _____	Other (please specify) _____
Location _____	Facebook _____
Internet Search Engine (google, yahoo, etc.—please specify) _____	

**Personal Information:**

Owner \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Cell phone number \_\_\_\_\_

E-mail \_\_\_\_\_

Employment \_\_\_\_\_

Work Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

**Preferred Method of Communication (please check one)**

Phone (work or cell) \_\_\_\_\_

Email \_\_\_\_\_

Postal Mail \_\_\_\_\_

Other \_\_\_\_\_

**Any other information we need to be aware of:**

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**After Hours Emergency Policy**

Cashua Veterinary Care wants our clients to know that we are here for your companions' emergency needs. Please take a moment to review our after-hours policy. If you have an emergency at any time please call our main phone line and follow the menu.

**\*\*Active Client** – up to date on all vaccines, physical exam, heartworm preventative, etc. All purchases are made through Cashua Veterinary Care, and their account must be in good standing. New clients of Cashua Veterinary Care who are up to date with vaccines from a previous veterinarian may bring a copy for our records. New clients will then be able to utilize our after-hours services.

**\*\*Non-compliant** – has not been seen in over 15 months, but has an up to date account balance.

**\*\*Inactive** –has not been seen in over 15 months and is overdue on all procedures or has an overdue account.

**\*\*Good standing accounts** – are those with an account balance of zero.

**List of Pets**

Name of Pet \_\_\_\_\_

Species \_\_\_\_\_

Birthdate (if known) \_\_\_\_\_

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

Neutered/Spayed \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Pet \_\_\_\_\_

Species \_\_\_\_\_

Birthdate (if known) \_\_\_\_\_

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

Neutered/Spayed \_\_\_\_\_ Yes \_\_\_\_\_ No

(If you have more than two pets please list on back page. Thank you.)