



Caledonia Veterinary Clinic

Welcome and thank you for choosing Caledonia Veterinary Clinic!

Your Name: _____


Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail Address: _____

Preferred Contact Method: ☐ Email ☐ Text ☐ Phone

Additional Name on Account: _____ Phone: _____

 Pet's Name: _____ Age/Birthdate: _____

Species (Cat, Dog, ect.): _____ Breed: _____

Color: _____ ☐ Male ☐ Female ☐ Spayed/Neutered

Does your pet have allergies? _____

Has your pet ever had a reaction to vaccines, medications, or anesthesia? If so, please explain: _____

What diet do you feed your pet? _____ Grain Free? ☐ Yes ☐ No

Do you give your pet any supplements (ex: joint supplements, CBD oil, pain medication)? ☐ Yes ☐ No

Do you give your pet any prescription medicines (ex: thyroid, heart medication)? ☐ Yes ☐ No

If yes, what? _____

Would you like a prescription on our online store for your monthly purchases of preventatives and diet?

If yes, which products?

Heartgard Plus

Nexgard

InterceptorPlus

Credelio

Advantage Multi

Advantage

Seresto

Bravecto

Anything else we should know about your pet? _____



Were you recommended by a friend? If so, please tell us who so we can thank them! You both will also receive a \$10.00 credit on your account!

Name: _____

WE DO REQUIRE PAYMENT AT TIME OF SERVICES.

We accept: Cash, Check, Credit/Debit Card (Visa/Mastercard/Discover), Care Credit