



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