

CRUZ ANIMAL HOSPITAL
Rene A. Cruz DVM

Date _____

Owner's Name _____ **SS#** _____

Mailing Address _____ City _____

State _____ Zip _____ Home Phone # _____

Employer _____ Work Phone # _____

Cell Phone # _____ Emergency Phone # _____

Driver's License Number _____ State _____

Pet's Name _____ Date of Birth _____ Dog Cat Other

Breed _____ Color/Markings _____

Male Neutered Male Intact Female Spayed Female Intact

Name of Previous Veterinarian _____

Date of last exam and vaccines _____

Last heartworm check _____

Reason for today's visit _____

How did you hear about us? Yellow Pages Sign Other _____

Payment Plan best suited for you: Cash VISA MasterCard Discover Check

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Payment is due at the time services are rendered.

Owner or responsible party _____

