

Cherry Knolls Veterinary Clinic
7300 South Colorado Boulevard
Centennial, Colorado 80122
303-779-1170
Providing Quality Veterinary Care - Affordably

Welcome to Cherry Knolls Veterinary Clinic!

We welcome you to our clinic. To better serve you, please fill out this questionnaire fully. All information is confidential.

Name: _____ **Significant Other:** _____
(First, Last)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone numbers:

Home: _____ **Work:** _____ **Cell:** _____

Email: _____ **Best way of contact (Circle one):** Home, Work, Cell, or Email
Cherry Knolls Vet will not share or sell your email to any third parties.

Pet's Name: _____ **Color(s):** _____

DOB or Age: _____ **Breed:** _____ **Sex:** Male / Female (Circle one)
Neutered/Spayed? Yes / No (Circle one)

How many other pets in your household? **Dogs:** _____ **Cats:** _____ **Other:** _____

Present Problem: _____

Previous Problems: _____
(Use back of sheet if needed)

Previous Vaccinations (please give dates): **Rabies:** _____ **Distemper:** _____ **Bordetella:** _____ **Other:** _____

How did you learn about us? **Internet:** _____ **Live nearby:** _____ **Phonebook:** _____ **Previous Client:** _____

Other: _____ **Friend or Family Referral:** _____
(Please provide a name)

Cherry Knolls Veterinary Clinic is a full-service practice offering quality medical expertise, dental health care, and up-to-date surgical facilities. We are not a low cost vaccination or spay/neuter facility. Forms of payment we accept: MasterCard, Visa, American Express, and Discover cards, as well as checks and cash.

Small in size, we are proud of our caring staff, and we strive to offer our clients our very best. Working with informed owners, we honestly feel we offer affordable veterinary care that is second to none!

*I hereby authorize the staff of CKVC to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.***

Signature of Owner

Date