



CASCADE SUMMIT  
Animal Hospital

## Welcome to Cascade Summit Animal Hospital

Owner Name: \_\_\_\_\_ Profession: \_\_\_\_\_

\* Contact Info (circle primary): Cell \_\_\_\_\_, Work \_\_\_\_\_, Home \_\_\_\_\_

Spouse/Additional Owner Name: \_\_\_\_\_ Profession: \_\_\_\_\_

\* Contact Info (circle primary): Cell \_\_\_\_\_, Work \_\_\_\_\_, Home \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address (for reminders, newsletters, Petly access): \_\_\_\_\_

### Whom may we thank for referring you/how did you hear about us?

(friend/vet's name, location, website, mailer, buy local, etc): \_\_\_\_\_

### Patient Information

Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Age/Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_

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

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

**All professional and medical services must be paid in full at the time they are rendered.**

**We do not accept personal checks.** \_\_\_\_\_ (initial here)

We accept credit cards, debit cards and cash.

Please visit our website ([www.cascadesummitvets.com](http://www.cascadesummitvets.com)) for details on all of our hospital policies.

As a pet guardian, you will be held liable for the financial responsibility of services that are performed for each pet. Unpaid balances will be recovered as deemed appropriate by Cascade Summit Animal Hospital management and may incur a \$30.00 administration fee. A 1.5% monthly interest fee will be charged on all unpaid balances.

I understand and abide by the above statements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Consent for Holistic Medicine:**

"I consent to the use of alternative medical therapies for my pet, including but not limited to: Acupuncture, orthopedic manipulation, herbs, homeopathy, reiki, flower essences, and nutritional supplements."

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We often use patient pictures for our website, Facebook, and Instagram. We may also use medical cases for veterinary journals or publications. Your initials give CSAH authorization to release portions of your pet's medical history and record, including personal recollections, radiographs, photographs, videotape images or other images for use in the print media, on a brochure, the CSAH website, social media outlets, and veterinary publications. You also agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the release of this information. **Approve:** \_\_\_\_\_ (initial here)

**Decline:** \_\_\_\_\_ (initial here)

**Approved for:** All \_\_\_ Facebook/Instagram/Twitter \_\_\_ Website \_\_\_ Newsletter \_\_\_ Journals/Publication \_\_\_ Brochure \_\_\_