

Ceglinski Animal Clinic

5401 Blandville Road Paducah, KY 42001
270-554-0171

Client Information

Date _____ Name _____
Last Name First Name Middle Initial Mr. Mrs. Ms.
Other _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Spouse's Name: _____ Spouse's Cell Phone _____
Please check preferred number for contact

E-mail Address _____

Employer _____ Occupation _____

Besides yourself, in case of emergency, who should we contact? _____ Phone _____

Pet Information

Pet's Name _____ Sex: M Neutered Unknown
F Spayed

Birthdate _____ Age _____ Breed _____ Color _____

Species: Canine Feline

Date of last vaccinations _____ (If not known, please inform the doctor during your visit)

Please list any medications your pet is taking including preventatives and supplements _____

Preferred doctor, if applicable _____

We will gladly prepare a written estimate if you desire (please ask the doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept Cash Check and major credit cards

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from all internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) _____ Date _____

I will be paying with: Cash Visa/MasterCard/Discover Check

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