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### Client Information Sheet

Client name: (First, Last) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License#/Issuing state: \_\_\_\_\_

#### Secondary Owner:

Name: (First, Last) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License#/Issuing state: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred by? \_\_\_\_\_

#### Patient Information:

Pets name: \_\_\_\_\_ *Canine or Feline* Sex: *Male /Female* Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Color: \_\_\_\_\_ Neutered/Spayed: *Yes or No*,

Current Medications: \_\_\_\_\_ Declawed? \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_

Special diet? Yes or no? If so, what kind? \_\_\_\_\_ Known allergies? \_\_\_\_\_

Pets name: \_\_\_\_\_ *Canine or Feline* Sex: *Male /Female* Breed: \_\_\_\_\_

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Current Medications: \_\_\_\_\_ Declawed? \_\_\_\_\_ Indoor/Outdoor \_\_\_\_\_

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By circling CPR, I authorize the doctors and staff of Cleveland Road Animal Hospital to perform Cardiopulmonary Resuscitation (CPR) when deemed necessary in the event of an emergency. These types of emergencies are very rare, however we want to be prepared to provide your pet the appropriate care authorized by you. Unfortunately, CPR is oftentimes unsuccessful in veterinary patients, and no guarantees are made for a successful outcome. The cost of CPR would be in addition to your written estimate. By circling DNR, I do not authorize CPR to be performed by the doctors and staff of Cleveland Road Animal Hospital in the event of an emergency. Owner's wishes: CPR or DNR