

Online Appointment Request Form

Pet Name: _____ Client Name: _____
Phone number: _____
Email: _____

Reason for appointment: _____

Dr. Request, if any _____

Appointment hours:

Monday through Thursday: 8:30 am – 11:30 am; 2:00 pm – 6:30 pm

Friday: 8:30 am – 11:30 am; 2:00 pm – 5:00 pm

Saturday: 8:00 am – 2:30 pm

Date and time requests

(please list 3 possibilities)

1) Date _____ Time _____

2) Date _____ Time _____

3) Date _____ Time _____

We shall either call you or email you with your appointment time. Should a specific doctor not be available during your requested times, we will call you and help you set another time. Please be sure to provide a current phone number and email so that we can contact you as soon as possible.

If this request is for an appointment today, please call our office at 913-649-0446 to schedule. We cannot guarantee short notice appointment requests.

If you are using this form to schedule any type of anesthesia procedure, such as a dental cleaning or surgery, please call the office as the times and days are not the same as listed on this form.

This form may be returned via email cherokeec@kc.rr.com or fax 913-649-4998