

ARIZONA AVENUE ANIMAL CLINIC

CLIENT INFORMATION

Thank you for giving Arizona Avenue Animal Clinic the opportunity to care for your pet! So that we may become better acquainted, please print and fill out the following:

Reason for bringing your animal to our hospital: _____

How did you **first** become aware of our hospital? **Yellow Pages** **Clinic Sign** **Coupon** **Internet** **Maricopa County**
Animal Care & Control

Friend May we have your friend's name to thank them? _____

OWNER INFORMATION: _____
Last Name First Name

Spouse-Partner-Co-Owner - NAME _____

E-mail Address - Required** _____

PLEASE help us to protect your Pet! Future electronic healthcare reminders for patient's vaccines, worm checks, and dental care, plus bulletins on animal health emergencies will require a current e-mail address. Thank you!

_____ Apt # _____
Address City State Zip

_____ _____ _____
City State Zip

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

****Required For Emergency Use:**

Spouse-Partner-Co-Owner Ph. No.s _____
cell phone work phone

Pet Information: _____
Pet's name Breed Color BirthDate

Has your pet been **aggressive?** YES NO (**Thank you** for helping us take proper safety precautions for everyone's well being.)

Please list any **health problems and treatments** so we may better care for your pet: _____

State of Birth: _____ Where acquired: _____ Has your pet traveled outside of Arizona? Where/When? _____

DIET: Table Food Dry Canned Brand: _____ Amount Fed _____

DATE OF LAST VACCINATIONS / TESTS:

SPECIES:	SEX: (date)	CAT: *Required* (date)	DOG: *Required* (date)
<input type="checkbox"/> Dog	<input type="checkbox"/> Intact Female _____	Distemper _____	Distemper _____
<input type="checkbox"/> Cat	<input type="checkbox"/> Spayed Female _____	Upper Respiratory _____	Parvo _____
<input type="checkbox"/> Other	<input type="checkbox"/> Intact Male _____	Rabies _____	Corona _____
	<input type="checkbox"/> Neutered Male _____	Feline Leukemia _____	Rabies _____
		Feleuk Test _____	Heartworm Test _____
		POS <input type="checkbox"/> NEG <input type="checkbox"/>	POS <input type="checkbox"/> NEG <input type="checkbox"/>

On Heartworm Preventative? YES NO

PLEASE NOTE: WE DO NOT BILL. Fees are due and payable upon completion of visit. Please indicate the payment method you wish to use today. Thank you!

***Required >>** CASH CHECK MASTERCARD / VISA

*I authorize Arizona Avenue Animal Clinic to perform procedures necessary and advisable for my pet's health and well being, and I assume financial responsibility for all charges incurred to patient including all finance charges, collection costs, attorney fees, and other collection costs that may be incurred to enforce collection of any amounts outstanding. **I understand that personnel are not present for 24-hour observation on this premise.** Please call the **Emergency Animal Clinic for any after hours care 480-497-0222.***

Please be aware that there are specialists in the Phoenix area that can provide any additional care in the following areas: Dermatology, Neurology, Radiology and Ultrasound, Internal Medicine, Cardiology, Surgery and Behavior.

Signature of Owner/Responsible Party _____ Date _____ Check in Recep _____ Give _____ Health Record-Care Kit Label _____
initial