

# welcome



## NEW CLIENT INFORMATION

First, we wish to thank you for giving Phoenix Animal Hospital the opportunity to care for your pet(s). We are a full service facility licensed by the State Board of Veterinary Medical Examiners. Please complete the following so we can become better acquainted.

THIS IS THE OWNER INFORMATION (MUST BE 18 YEARS OLD). THIS INFORMATION WILL REMAIN CONFIDENTIAL.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

IF USING A PO BOX, STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LICENSE # AND STATE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDITIONAL PARTIES – SPOUSE, ETC.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DRIVERS LICENSE # AND STATE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

WOULD YOU PREFER TO RECEIVE REMINDERS BY MAIL  OR EMAIL  \_\_\_\_\_

## PAYMENT INFORMATION

ALL FEES ARE DUE UPON DISCHARGE OF PATIENT. WE ACCEPT CASH OR CHECK. FOR THOSE CLIENTS WISHING TO CHARGE THEIR PET CARE SERVICES WE ACCEPT MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS, AND THE PHOENIX CARD.

IT IS OUR POLICY TO PROVIDE UPON REQUEST A WRITTEN ESTIMATE OF FEES FOR ANY CASE WHERE IN-HOSPITAL TREATMENT, EMERGENCY CARE, SURGERY OR HOSPITALIZATION IS NEEDED. ESTIMATES ARE ESTIMATES AND ACTUAL FEES MAY OR MAY NOT EXCEED THE ESTIMATE. A DEPOSIT PRIOR TO TREATMENT MAY BE REQUIRED DEPENDING UPON THE AMOUNT OF THE ESTIMATE FOR ANTICIPATED LENGTH OF STAY.

## GENERAL INFORMATION

WHAT DIET DOES YOUR PET RECEIVE? \_\_\_\_\_

DO YOU KEEP YOUR PETS INSIDE OR OUTSIDE? \_\_\_\_\_

DO YOU KEEP YOUR DOG ON HEARTWORM PREVENTION YEAR ROUND? \_\_\_\_\_

ARE YOU FAMILIAR WITH FELINE LEUKEMIA VIRUS? \_\_\_\_\_

WOULD YOU EVER TRAVEL AND NEED BOARDING SERVICES WHILE YOU ARE AWAY? \_\_\_\_\_

## PET INFORMATION

NAME DOG/CAT BREED BIRTHDAY COLOR SEX NEUTERED LAST VACCINES

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