

# Welcome



## NEW CLIENT INFORMATION

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.

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

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

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

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

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

Note: If using PO Box for Primary Address, please note street address also. \_\_\_\_\_

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 \_\_\_\_\_

## 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 AND CARE CREDIT

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 SERVICE WHILE YOU ARE AWAY? \_\_\_\_\_

## PET INFORMATION

NAME      DOG/CAT      BREED      BIRTHDAY      COLOR      SEX      NEUTERED/SPAYED      LAST VACCINES

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