

The Doctors and Staff of Arizona Animal Wellness Center
Welcome You and Yours to our Practice

Client Information

Date: _____
Name: _____ Driver's License #: _____
Spouse/Significant Other: _____ Driver's License #: _____
Address: _____ City, State, Zip: _____
County: Maricopa Pinal Other: _____
Home Phone #: _____ Alternate Phone #: _____
Employer: _____ Work Phone #: _____
E-mail Address: _____
Emergency Contact: _____ Phone #: _____
How did you learn about our practice: _____
To whom can we thank for the referral? _____

Pet Information

Pet's Name: _____ Dog Cat Other:
Breed: _____ Age or Birthdate: _____
Color and Markings: _____
Sex:
 Female Male Spayed or Neutered Declawed

How long have you had this pet? _____
List current medical conditions and medications: _____
Does your pet have a microchip? _____
Name of previous facility that may have any medical records or vaccine information? _____

Pet's Name: _____ Dog Cat Other:
Breed: _____ Age or Birthdate: _____
Color and Markings: _____
Sex:
 Female Male Spayed or Neutered Declawed

How long have you had this pet? _____
List current medical conditions and medications: _____
Does your pet have a microchip? _____
Name of previous facility that may have any medical records or vaccine information? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that **ALL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED.**
This facility does not have staff on-site 24 hours a day.

Signature of client responsible for pet(s): _____ Date: _____