NORTH SCOTTSDALE ANIMAL HOSPITAL

www.northscottsdaleanimalhospital.com

CLIENT INFORMATION:

Dr. /Mr. /Mrs. /Ms. (First & Last) _____ Spouse _____

Address: _____ Apartment or Unit #: _____

City: _____ State: AZ Zip: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____ Alternate: (____) _____

Employer: _____ Spouses Employer: _____

Drivers License Number: _____ State: AZ Exp: _____

Emergency Contact (other than self): _____ Phone: (____) _____

How did you hear about us (check one)? ___Drove By ___Yellow Pages ___Previous Client ___Walk-In

___Personal Referral ___Advertisement ___Other _____

Who may we thank: _____ *** $15 credit for the referring client**

Please list an e-mail address to receive reminders and hospital updates: _____

PATIENT INFORMATION:	**PET ONE**	**PET TWO**	**PET THREE**
PET NAME:			
SPECIES: (DOG/ CAT/FERRET)			
PREDOMINANT BREED:			
DATE OF BIRTH: (ESTIMATED)			
PRIMARY COLOR(S):			
SEX:	MALE	MALE	MALE
ALTERED:	Neutered	Neutered	Neutered
MICROCHIP NUMBER:			
PREVIOUS HISTORY:			
K9 DA2PP (DISTEMPER/PARVO)			
K9 BORDATELLA (KENNEL COUGH)			
K9 HEARTWORM TEST:			
K9/FEL FECAL/PARASITE EXAM:			
K9/ FELINE RABIES:			
FELINE FVRCP:			
FELINE LEUKEMIA:			
FELINE LEUKEMIA TEST:			
PLEASE LIST ANY ALLERGIES, CURRENT MEDICATIONS, MEDICAL CONDITIONS, BEHAVIOR ISSUES OR OTHER INFORMATION:			

- **I hereby acknowledge that North Scottsdale Animal Hospital does not bill for its services. Payment is due at the time services are rendered. All clients are entitled to request a written estimate prior to receipt of any service. If for any reason fees are not paid, finance charges will be charged at 2% per month (24% per annum on the unpaid balance). A $25 fee will be charged for returned checks. By signing below, client agrees to pay all collection fees, attorney fess, and administrative fees incurred in the collection of any unpaid balance.**

- **I hereby acknowledge that North Scottsdale Animal Hospital is not a 24-hour facility and does not have staff on duty during non-business hours. In case of emergency, we recommend Paradise Valley Emergency Clinic located on the southwest corner of 71st Street & Shea Blvd. Phone Number (480) 991-1845.**

SIGNATURE:_____ **DATE:** 11/07/2007