



Client Name: _____ Spouse/Other: _____

Client Date of Birth: ____ - ____ - ____ (required if ever necessary to dispense controlled substances)

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: (Primary) _____ Other: _____

Emergency Contact Information: Name: _____ Phone: _____

How did you hear about us? (Please mark one)

- Drive by/ Signage Internet Family Member/Friend Mailer
 PetCo/Petsmart A Rescue _____ Other _____

If a friend or family member referred you, they will receive a \$20 bonus credit for their next visit. Who may we thank for your visit today? _____

Pet Name: _____ Species: _____ Breed: _____

Color: _____ Gender: Male Female Neutered Male Spayed Female

Birthday: _____ Age: _____

Known Allergies or pre-existing conditions: _____

Pet Name: _____ Species: _____ Breed: _____

Color: _____ Gender: Male Female Neutered Male Spayed Female

Birthday: _____ Age: _____

Known Allergies or pre-existing conditions: _____

By signing this form I confirm and agree that I am the legal owner or the responsible party of the above mentioned pet. I understand that payment for **all** services rendered is due at the time of treatment or services given. I understand that beginning at 30 days past due on any balance incurred that interest charges will be assessed at 10% based on State Statute. If amounts owed exceed approximately 90 days past due, SDAH may use all legal methods to recover amounts owed including the Arizona Attorney General, or a local attorney. Collection charges will be added to the account and will be the responsibility of the client. If a court ordered judgment occurs, attorney fees will also be assessed.

Forms of payment accepted: Cash, Visa, MasterCard, Discover, AMEX, Care Credit and Bank Debit Cards

Signature: _____

Date: _____