



## Welcome to Arizona Skies Animal Hospital

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.

### CLIENT INFORMATION

DATE: \_\_\_\_\_ NAME: (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

SPOUSE/OTHER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY CONTACT PHONE NUMBER: \_\_\_\_\_ ALTERNATIVE NUMBER: \_\_\_\_\_

HOW DID YOU LEARN ABOUT OUR PRACTICE? \_\_\_\_\_

HOW WOULD YOU LIKE TO RECEIVE REMINDERS? (VACCINES, LABWORK, ETC.)

POSTCARD

EMAIL

### PET INFORMATION

NAME: \_\_\_\_\_ SPECIES:  DOG  CAT  OTHER

SEX:  M  F NEUTERED/SPAYED  YES  NO

BIRTHDATE \_\_\_\_\_ (or) APPROXIMATE AGE \_\_\_\_\_

BREED \_\_\_\_\_ COLOR \_\_\_\_\_

LAST DATE OF VACCINE(S)

(DOGS) DA2PP \_\_\_\_\_ RABIES \_\_\_\_\_ BORDETELLA \_\_\_\_\_

(CATS) FVRCP \_\_\_\_\_ RABIES \_\_\_\_\_ FELV \_\_\_\_\_

PREVIOUS VET (for medical records):

\_\_\_\_\_  
CURRENT MEDICATIONS/MONTHLY PARASITE PREVENTION:

\_\_\_\_\_  
DIET:

\_\_\_\_\_  
AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered. To prevent the spread of infectious diseases, hospitalized patients must be current on all vaccines and free of internal and external parasites.

I grant Arizona Skies Animal Hospital permission to use my pet's picture, story, and medical information in social and print media.

I authorize the doctor to provide vaccines and parasite control as needed for my pet.

SIGNATURE OF CLIENT RESPONSIBLE FOR PET: \_\_\_\_\_ DATE \_\_\_\_\_