

# ASPEN RIDGE ANIMAL HOSPITAL

5642 White Mountain Avenue • Lakeside, AZ • 85929 • (p) 928-537-4000 • (f) 928-537-4009



## NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete ALL of the following information unless noted:

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_ Spouse's Cell/Work: \_\_\_\_\_

Place Of Employment \_\_\_\_\_ Best Time To Reach You \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### **Please Keep In Mind All Fees Are Due At Time Services Are Rendered**

Please indicate choice of payment.  Cash / Check  Visa  MasterCard

How did you become aware of our clinic?  Newspaper  Yellow Pages  Previous Client  Other \_\_\_\_\_

Personal Recommendation (*Whom may we thank?*) \_\_\_\_\_

	PET # 1	PET # 2
PET'S NAME		
BREED		
COLOR		
MARKINGS		
SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
SPAYED OR NEUTERED	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF BIRTH (mm / dd / yyyy)	/ /	/ /
DOES PET HAVE MICROCHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>YOUR DOG'S VACCINATION HISTORY</b>		
RABIES		
DISTEMPER/PARVO		
BORDETELLA		
LEPTOSPIROSIS		
FECAL (STOOL SAMPLE)		
HEARTWORM TEST/PREVENTION		
<b>YOUR CAT'S VACCINATION HISTORY</b>		
RABIES		
FVRCP		
LEUKEMIA		
LEUKEMIA/FIV TEST		
FECAL (STOOL SAMPLE)		

Our pet(s) is:  Member of our family  Child's pet  Outdoor pet  Indoor pet  Working pet  Other

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medications? \_\_\_\_\_

Whenever possible and hospital approved, would you like to be present during treatment to your pet?  Yes  No