

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 (<i>mm / dd / yyyy</i>)	/ /	/ /
DOES PET HAVE MICROCHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
YOUR DOG'S VACCINATION HISTORY		
RABIES		
DISTEMPER/PARVO		
BORDETELLA		
LEPTOSPIROSIS		
FECAL (STOOL SAMPLE)		
HEARTWORM TEST/PREVENTION		
YOUR CAT'S VACCINATION HISTORY		
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