

The Doctors and Staff of Arizona Animal Wellness Center  
Welcome You and Yours to our Practice

Client Information

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Spouse/Significant Other: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
County:  Maricopa  Pinal  Other: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
How did you learn about our practice: \_\_\_\_\_  
To whom can we thank for the referral? \_\_\_\_\_

Pet Information

Pet's Name: \_\_\_\_\_  Dog  Cat  Other:  
Breed: \_\_\_\_\_ Age or Birthdate: \_\_\_\_\_  
Color and Markings: \_\_\_\_\_  
Sex: \_\_\_\_\_  
 Female  Male  Spayed or Neutered  Declawed

How long have you had this pet? \_\_\_\_\_  
List current medical conditions and medications: \_\_\_\_\_  
Does your pet have a microchip? \_\_\_\_\_  
Name of previous facility that may have any medical records or vaccine information? \_\_\_\_\_

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Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that **ALL FEES ARE DUE AT THE TIME THAT SERVICES ARE RENDERED.**  
This facility does not have staff on-site 24 hours a day.

Signature of client responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_