

Arizona Animal Wellness Center Client Information Form

Client Information

Parent: _____	Co-Parent: _____
Address: _____	City/State/Zip: _____
County: <input type="checkbox"/> Maricopa <input type="checkbox"/> Pinal	
<u>Owner Information:</u>	<u>Co-Owner Information:</u>
Primary Phone: _____ (HM WK Cell)	Primary Phone: _____ (HM WK Cell)
Secondary Phone: _____ (HM WK Cell)	Secondary Phone: _____ (HM WK Cell)
Date of Birth: _____	Date of Birth: _____
Driver's License #: _____	Driver's License #: _____
E-Mail Address*: _____	E-Mail Address*: _____
<i>* If you would like to view your pet's records online and to receive newsletters and/or information from your Veterinarian and staff, please provide an active e-mail address *</i>	
Emergency Contact: _____	Phone #: _____
How did you learn about our practice? If referred, please list name: _____	
<input type="checkbox"/> Yelp <input type="checkbox"/> Angie's List <input type="checkbox"/> Facebook <input type="checkbox"/> Drive By <input type="checkbox"/> Client <input type="checkbox"/> Website (AAWC) <input type="checkbox"/> Internet Search	

Our online system allows clients to receive reminder text messages of upcoming appointment and/or communication from AAWC. Do you wish to enroll: Yes No

If yes, please provide cell phone number: _____

**Standard Text Messaging Rates may apply, check with your service provider* You may opt out at any time.*

Pet Information

Pet's Name: _____	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other: _____
Breed: _____	Age or Birthdate: _____		
Color and Markings: _____			
Sex: <input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Spayed or Neutered	<input type="checkbox"/> Declawed
How long have you had this pet? _____			
List current medical conditions/medications/allergies: _____			
Does your pet have a microchip? _____			
Previous facility name & telephone number for records include name of any specialists: _____			
Does your pet currently have Pet Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, name of Insurance Company and Policy #: _____			

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume full financial responsibility for all charges incurred in the care of my pet(s).

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED.

Payments accepted: Cash, Visa, Mastercard, American Express, Discover, **Care Credit***, and personal checks with a valid driver's license. ***Ask team member for details on Care Credit options.**

Signature of client responsible for pet (s): _____ Date: _____

PLEASE NOTE: Arizona Animal Wellness Center makes every effort to give our clients and patients personalized care and attention that they may require. Due to individual needs our team may need to provide additional time beyond a scheduled appointment. We ask for your patience and understanding as there might be a slight delay due to unanticipated situations. We promise that you and your pet will receive the same personalized care. Please be advised that doctors/staff are not on premises 24 hours.

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ADDITIONAL PET INFORMATION

Owner's Name: _____
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/medications/allergies: _____
Does your pet have a microchip? _____
Previous facility name & telephone number for records include name of any specialists: _____
Does your pet currently have Pet Insurance? Yes No
If Yes, name of Insurance Company and Policy #: _____

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/medications/allergies: _____
Does your pet have a microchip? _____
Previous facility name & telephone number for records include name of any specialists: _____
Does your pet currently have Pet Insurance? Yes No
If Yes, name of Insurance Company and Policy #: _____

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/medications/allergies: _____
Does your pet have a microchip? _____
Previous facility name & telephone number for records include name of any specialists: _____
Does your pet currently have Pet Insurance? Yes No
If Yes, name of Insurance Company and Policy #: _____

Authorization

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*Ask team member for details on Care Credit options.

Signature of client responsible for pet (s): _____ Date: _____