

# Scottsdale Veterinary Hospital

**ABOUT US:** Welcome. Our staff is dedicated to making sure your pet receives the best possible care. Our hospital proudly maintains certification by the American Animal Hospital Association and upholds its high standard of patient care, facilities, and equipment. In order to establish a complete medical record on your pet we require some important information.

## **ABOUT YOU:** (Please print clearly)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address (print clearly) \_\_\_\_\_

Children(s) Name(s): \_\_\_\_\_ Employer \_\_\_\_\_

Name & work number –Spouse/ Significant Other \_\_\_\_\_

Spouse Employer \_\_\_\_\_

\* Reminders for vaccinations, special events, and newsletters may be sent to your email address.

**In case of an emergency**, please provide a contact name and number: \_\_\_\_\_

**How did you hear about us?** Hospital Sign  Yellow Pages book  Yellow pages internet  Referral by Vet

Our Website  Facebook  Other: \_\_\_\_\_  Friend  (Name/phone number if avail.) \_\_\_\_\_

## **ABOUT YOUR PET:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Dog  Cat  Breed \_\_\_\_\_

Colour or Markings \_\_\_\_\_ Sex: Intact Male  Neutered Male  Intact Female  Spayed Female

Date of Last Vaccinations \_\_\_\_\_ Rabies Vaccination \_\_\_\_\_

**Medications:** Is your pet currently on any medication? Yes  No

If yes, please describe: \_\_\_\_\_

**Allergies:** Is your pet allergic to any Drug, Food, or other substance? Yes  No

If yes, please describe: \_\_\_\_\_

**RESTRAINTS:** Please keep DOGS ON A LEASH and CATS IN A CARRIER.

## **PAYMENT POLICY:**

**Hospital policy requires payment at the time services are rendered.** If you are not familiar with the cost of veterinary services, feel free to ask for an estimate/treatment plan prior to any treatments.

For hospitalization, extensive care, or diagnostics, a deposit of 70% will be required prior to treatment.

We offer the following payment options: Cash, Debit Card, Visa, or Mastercard.

**NO CHEQUES ACCEPTED.**

**Do you have pet health insurance? Yes \_\_\_\_\_ Company \_\_\_\_\_ NO \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_