

Welcome to



East Valley Pet Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you and maintaining your pet's health.

Client Information

Last name _____ First Name _____ Spouse _____

Driver's License# _____ (required for acceptance of a personal check)

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Employer _____ E-Mail _____

How did you hear about our clinic? _____ Who may we thank for referring you? _____

Pet Information

Pet's name _____ Dog OR Cat Age _____ Breed _____ Color _____ Sex _____ Fixed? _____

Prior illness _____ Prior surgery _____ Reason for visit _____

History of Seizures Yes OR No. If Yes, When was last seizure? _____

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We will gladly prepare a written estimate of service fees. All professional fees are due at the time services are rendered. We accept all credit cards, Care Credit, Checks (with CDL#), & Cash. There will be a service charge applied to all returned checks. To prevent the spread of disease, all hospitalized pets should be current on vaccines and free from external parasites. The signature below authorizes this level of preventive care and appropriate charges will be assessed on the invoice. I also understand that if my account becomes past due, a 33% collection fee will be added to my outstanding balance. ***** Signature of owner/client responsible for account _____