

Arizona Skies Animal Hospital

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet

Date _____
Owner's name _____ Spouse/Other _____
Address _____ City/State _____ Zip _____
Home Telephone _____ Work Telephone _____
Employer's name and address _____
Spouse's/Other's Employer & address _____
At what time _____ and what phone number _____ is best to call about your pet?
In case of an EMERGENCY, please call _____ at phone number _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you pay by check or credit card, please complete the following.

Credit Card _____ Account number _____ expires _____
Personal Check _____ Driver's License: State _____ Number _____

FINANCIAL RESPONSIBILITY: I further agree to pay all finance charges, collection cost 30%, attorney fees, and any other cost that may be incurred to enforce collection of any amount outstanding.

Signature _____

How did you first hear of our hospital?
 Individual some one we may thank? _____
 Yellow pages for location Yellow pages for service(s) AAHA referral
 Hospital sign
 Other _____

We consider our pet(s)
 Part of the family Just as pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASE AND PARASITES, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature _____