



Camelback Animal Clinic



Welcome to our Clinic!

Our Health Care Team is Looking Forward to Getting to Know You and You're Pets.

New Client / Pet Form

Name _____ Spouse's / Co-Owner Name _____

Address _____ City _____ St _____ Zip _____

Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact able to make medical and financial decisions Name _____ Phone _____

Email Address (used for reminders, Special offers, events, and Recommendations) _____

Driver's License # _____ Expiration Date _____ (For Controlled Drug Purposes) _____

How did you become aware of our clinic? ☐ Drove by ☐ Social Media ☐ I'm a Previous Client ☐ Website ☐ Search Engine

☐ Personal Recommendation (Whom may we thank?) _____

	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth / AGE			
Color			
Male/Female Spayed/ Neutered			
Microchipped			
Vaccines Last Given	Da2pp Date Given :	Rabies Date Given:	Bordetella Date Given:

Our pet(s) is/are: ☐ Member of our family ☐ Child's Pet ☐ Backyard Pet ☐ Working / Agility Pet ☐ Other _____

Who Is Your Pets Medical Insurance Provider? _____ . If you do not have one we can help you attain one.

If you have any previous medical records with you, please give them to the staff to make copies for our record. If you don't have medical records with you, please provide the name and location of the clinic your animal was previously seen. We can contact them for any medical records needed.

Name of previous clinic: _____ City _____ State _____

What Behavioral Issues Does Your Pet Need Improvement In? ☐ Anxiety ☐ Aggressive ☐ Excessive Barking/ Meowing/ Crying ☐ Pulling On Leash ☐ Inappropriate Marking, Urination, Defecation? ☐ Jumping/ Bolting/ Hyper Excitability?

What do you feed your pet? _____

Does your pet have any Allergies, Previous Illnesses or Surgeries? _____

Is your pet on any special diets or medications? _____

I hereby authorize the Doctors and Staff of Camelback Animal Clinic to provide medical services to my pet(s), and I assume full financial responsibility. I understand that services are to be paid-in-full before any treatments or services are done. Any fees associated with an overdue account: collection agency costs, attorney fees and court costs are my responsibility. Camelback Animal Clinic is NOT a 24 hour facility. We may take pictures of your pet in certain situations which could be published

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on social media or our website by signing you agree to this. **I hold this facility, its doctors and staff harmless and blameless for any conditions or events that can be unavoidable or undetected.**

Client Signature: _____ Date: _____