

Anthem Pet Medical Center

New Client Information Form

Welcome to Anthem Pet Medical Center. Our staff is dedicated to providing optimal patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. Our facility is not staffed 24 hours a day and therefore is unable to provide supervised, overnight care. To help us serve you better, please provide us with the following information.

Date: _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E- mail address _____ Drivers License # _____
(We do not accept checks from first time clients.)

Preferred way to be contacted for reminders (circle one) mail e-mail

How did you choose our practice? Personal Recommendation (Whom may we thank?) _____

Yellow Pages Internet Source (Which one?) _____ Local Advertisement(Which one?) _____

Patient Information	Pet #1	Pet #2	Pet #3
Name			
Breed			
Date of Birth			
Color			
Sex: (circle)	Female Male Spayed Neutered	Female Male Spayed Neutered	Female Male Spayed Neutered
Species:(circle)	Cat Dog Other:_____	Cat Dog Other:_____	Cat Dog Other:_____
Previous Veterinarian Information	Name		
	Hospital		
	Phone		

Our pet is: Member of Family Child's Pet Backyard Pet

Any previous illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Payment is due when services are rendered. Finance charges will be assessed to overdue balances.

Signature of Owner or Agent

Anthem Pet Medical Center
42105 N. 41st Drive Suite 148
Phoenix, AZ 85086
www.anthempetcare.com
(623) 889-7090

