

White Mountain Animal Hospital

1939 West White Mountain Blvd., Lakeside, AZ 85929

Phone: 928-368-8425 Fax: 928-368-8949

wht_mntn@yahoo.com

Client/ Owner Information – *You must be 18 years or older to complete this form.*

Are you a senior citizen? 65+ () Yes () No

Last Name _____ First Name _____

Spouse/ Co- owner _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work Phone # _____

Driver's License Number & State _____

Email _____

* We E-mail reminders, newsletters, and specials!

Are you a seasonal visitor? If yes, other hospital name & phone # _____

How did you hear about our clinic? _____

*If one of our clients referred you, let us know whom we can thank _____

Pet Information	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Color			
Age/ Birthdates			
Gender	Male / Female	Male / Female	Male / Female
Spayed/ Neutered	Yes / No	Yes / No	Yes / No
Microchip?	Yes / No	Yes / No	Yes / No

Any previous illness or surgeries? _____

Any known allergies to medications or vaccinations? _____

Is your pet currently on any medications? _____

Please list names and dates of any vaccines your pet has received _____

All professional fees are due at the time services are rendered.
A deposit is required on all emergency procedures and hospitalization.
 We accept cash, Visa, MasterCard, Discover, Care Credit, and checks.
 We do charge administration fees and bank fees on returned checks.

I have read and understand the financial policy stated above.

Signature of Responsible Party _____ **Date** _____