

2016



Welcome to Islands Animal Clinic
1530 W. Elliot Road Gilbert, AZ 85233
(480) 892-3558

Client Information

Owner's Name _____ Your D/O/B _____ Spouse/Other _____
D/O/B is needed for prescription medication

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer Name/Address _____

Emergency Contact _____ Phone _____

Email Address: _____
(used for patient reminders and clinic correspondence)

The following people are approved to bring my pet(s) into the clinic for veterinary care. I understand that I am responsible for charges incurred during these visits.

First, Last Name: _____ Relation: _____

Referred By: *Please circle one:* **Friend/Family, Facebook, Website, Drive-By, Yelp, Other:**

If referred by friend or family please provide name: _____

Please initial here if we have permission to use your pet's photo for marketing purposes _____

Pet Information

Pet's Name _____

Species: Dog Cat Other _____

Breed _____

Color(s) _____

Sex: M F Neutered/Spayed Yes No

Approximate Birthday _____

Date of Last Vaccinations _____

Vaccinations Given _____

Pet's Name _____

Species: Dog Cat Other _____

Breed _____

Color(s) _____

Sex: M F Neutered/Spayed Yes No

Approximate Birthday _____

Date of Last Vaccinations _____

Vaccinations Given _____

Please turn over page to continue...

Pet's Name _____
Species: Dog Cat Other _____
Breed _____
Color(s) _____
Sex: M F Neutered/Spayed Yes No
Approximate Birthday _____
Date of Last Vaccinations _____
Vaccinations Given _____

Pet's Name _____
Species: Dog Cat Other _____
Breed _____
Color(s) _____
Sex: M F Neutered/Spayed Yes No
Approximate Birthday _____
Date of Last Vaccinations _____
Vaccinations Given _____

I assume responsibility for all charges incurred in the care of this animal or any other animal that I may subsequently bring in for care. I also understand that these charges will be paid at the time of service and that a deposit may be required for surgical treatment.

I understand that should I fail to pay, the entire unpaid balance shall be immediately due and payable. Should this account be placed with a collection agency or attorney, I agree to pay all collections costs and/or attorney fees. I also understand that should I fail to pay that criminal charges may be filed against me for theft of services.

Signature _____ Date _____