



Welcome to Palm Glen Animal Hospital

New Client Record

Thank you for giving Palm Glen Animal Hospital an opportunity to care for your pet. So we may become better acquainted, please complete the following:

Owner(s) _____, _____ Spouse/Add. Owner _____
Last First

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Employer _____ Employer's Address _____

Nearest Relative not Living with You:

Name _____ Relationship _____

Address _____ Phone _____

How did you hear about our hospital? _____ Yellow Pages _____ Sign _____ Social Media _____ Other

Personal Recommendation - Whom may we thank? _____

Consent for Exam, Treatment and/or Surgery:

_____ I authorize and direct the veterinarians of Palm Glen Animal Hospital to diagnose, prescribe therapeutic procedures, and/or surgery that their judgement may dictate to be advisable for the patient's well-being. No warranty or guarantee has been made as to the result or cure

_____ I hereby authorize and direct the pathologist to examine, retain for scientific purposes or dispose of all such tissues, organs, or members as shall be removed by operation or biopsy performed upon the patient

_____ If I neglect to pick up my pet or call within 48 hours, Palm Glen Animal Hospital may assume that the pet is abandoned and act according to Arizona state laws

*Please note Palm Glen Animal Hospital is not staffed after hours. Our patients are recommended to go to Emergency Animal Hospital as needed when 24 hour care is required by the doctor

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF VISIT

Please indicate method of payment

_____ Cash _____ Check _____ Visa/MC _____ Discover _____ Amex _____ Care Credit _____ Debit

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in said unpaid balance, including a reasonable collection and/or attorney's fees. A monthly "Billing Charge" of \$5.00 will be added to all accounts that exceed 30 days

Signature of Owner _____ Date _____

Signature of Person Presenting this Pet for Treatment if other than Owner _____

Relationship to Owner _____ Phone _____ Date _____

Address of Non-Owner _____

Do you have an email address you would like to share with us? Just give us your email address and you will get 24 hour access to your FREE pet portal - a secure website you can use to manage your pet's health online.

Email Address _____

May we use your pet's picture on our Facebook Page? _____ Yes _____ No

Rabies Release Information

Medical treatments or procedures, including grooming and boarding, involve the handling of your pet by people unfamiliar to him or her. While we all try our best to reassure your pet and calm them while they are here, accidents do happen. On rare occasions, an animal may become frightened enough to bite at us. It is, unfortunately, one of the hazards of being in this business.

If a bite, which breaks the skin, should occur, be it from a dog or cat, we are required by Arizona State Law to notify Rabies Animal Control. Arizona State Law requires that all dogs be licensed and vaccinated against rabies.

I, the undersigned, as owner or guardian of the animal(s) listed below and/or any animals which I may bring into the hospital in the future, hereby understand these laws and accept that should my animal bite any member of the staff of this hospital, I will not hold the hospital nor any of it's member responsible for any consequences, financial or otherwise, which may occur following the report of the bite.

Owner/Guardian _____ Date _____

Please Fill in the Following Information

Pet Name			
Species (Dog, Cat, Other)			
Breed			
Color			
Date of Birth			
Sex			
Spayed/Neutered			
Distemper/Parvo (4 in 1)			
Heartworm Test			
Rabies			
FVRCP			
Feline Leukemia			
Fecal Test			
Current Meds			
Allergies			