Sun Lakes Animal Clinic
CLIENT INFORMATION SHEET

Thank you for choosing our clinic for veterinary service today. So that we may create or modify your file, please kindly provide the following information…

YOUR NAME: _____ _____ _____
(First) (M.I.) (Last)

SPOUSE'S NAME: _____ _____ _____
(First) (M.I.) (Last)

ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP**: _____

Please include any of the following information that you would like us to use to contact you as the need should arise…

HOME PHONE: _____ **WORK PHONE**: _____

CELL PHONE: _____ **FAX**: _____

PAGER: _____ **ALT. HOME**: _____

ALT WORK: _____ **EMAIL**: _____

URL/WEBSITE: _____ **OTHER**: _____

May we obtain a copy of your pet's previous records from your other or previous veterinarian?

Yes _____ (please initial) No _____ (please initial)

If so, please provide the following information about your pet's previous veterinary facility…

Previous Vet Clinic/Hospital: _____

Phone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Is there is anything else we should know in order to serve you better?

_____

_____

STANDARD CONSENT FOR TREATMENT AND/OR SURGERY as required by the State of Arizona…

I authorize and direct the veterinarians at Sun Lakes Animal Clinic to provide such diagnostics, medical care and/or surgery as agreed upon by myself and the staff. 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.

I understand that payment is due upon release of patient unless other arrangements have been made. In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all costs included in said unpaid balance, including all reasonable collection and/or attorney fees.

Signature of Owner: _____ Date: _____

Signature of person presenting this pet for treatment if other than owner: _____
Relationship to owner: _____ Phone: _____
Address of non-owner: _____