Blue Ridge Pet Clinic

712 W. White Mountain Blvd., Lakeside AZ 85929
(928) 367-5950 (928) 367-5060 FAX

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be happy to help you. We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Name _____

Last name First name Initial

Date _____

Mailing Address _____

City _____

State _____ Zip _____

Physical Address _____

City _____

State _____ Zip _____

Home Phone _____

Cell Phone _____

Employer _____

Business Phone _____

Spouse/Co-Owner _____

Phone _____

We will gladly prepare a written estimate of fees if you desire (Please ask your doctor or staff member). All professional fees are due in full at the time services are rendered. We're sorry, but we do no accept checks. We will gladly accept payment by cash, credit or debit cards. We also accept Care Credit. Please be advised that the hospital is not staffed other than routine business hours.

Signature _____

Date _____

PET INFORMATION #1

Pet's name _____

Dog _____ Cat _____ Other _____

Sex Male _____ Female _____

Spayed/Neutered Yes _____ No _____

Age/Birthday _____

Breed _____

Color _____

Microchip # _____

X-Ray # _____

PET INFORMATION #2

Pet's name _____

Dog _____ Cat _____ Other _____

Sex Male _____ Female _____

Spayed/Neutered Yes _____ No _____

Age/Birthday _____

Breed _____

Color _____

Microchip # _____

X-Ray # _____

PET INFORMATION #3

Pet's name _____

Dog _____ Cat _____ Other _____

Sex Male _____ Female _____

Spayed/Neutered Yes _____ No _____

Age/Birthday _____

Breed _____

Color _____

Microchip # _____

X-Ray # _____