6745 N. La Canada Dr
Tucson, Arizona 85704
(520) 297-8258

AAHA ACCREDITED The Standard of Veterinary Excellence

To provide the best care for your pet, please complete the following Information:

Client: _____

Address _____ **Apt. #:**_____

City _____ **State** _____ **Zip** _____ **E-mail Address:** _____

Home Phone _____ **Work Phone** _____ **Cell Phone**_____

Phone number(s) best to reach you at: Day: _____ **Evening:** _____

Co- Client: _____

Address: _____**City:** _____**State:**_____

Phone _____ **Work Phone** _____ **Cell Phone:** _____

How did you hear about us: **Street Sign**____, **Website**____, **Phone Book**____, **Person We May Thank**: _____

Pet Information	**Pet Vaccination Date(s)**
Name	**Dog Vaccine Dates**
Species (circle one) Cat Dog	**Rabies:** **Distemper/Parvo:**
Breed **Color:**	**Corona:** **Bordetella:**
Date of Birth/Age:	**Heartworm Test:**
Sex (circle one) Male Female	**Is your pet on heartworm prevention:** (circle one) Yes No
Is your pet spayed or neutered: (circle one) Yes No	**Microchip #:**
What diet are you feeding your pet:	**Cat Vaccine Dates**
How much do you feed:	**Rabies:** **FDCVRT:** **Leukemia:**
Previous Veterinary Care Provider:	**Leukemia test:**
Phone:	**Microchip #**

____**I hereby authorize the veterinarians at Casas Adobes Pet Clinic to examine, treat and prescribe for my pet(s).**

____**I am eighteen years of age or older. I agree to assume financial responsibility for all charges incurred in the care of my pet(s).**

____**I understand that all of the fees incurred in the treatment of my pet(s) will be paid in full at the time services are rendered. We accept Cash, All Major Credit Cards, Debit Cards or Local Checks with valid driver's license.**

____**I understand that an estimate of the fees for veterinary services will be provided to me upon request, and that I am encouraged to discuss all fees related to such care before services are rendered as well as during any ongoing medical treatment my pet(s) may need.**

I have read and understand the above information.

Client Signature _____ **Date** _____