



Turquoise Animal Hospital

Client Information



OWNER'S LAST NAME _____ FIRST NAME _____

SPOUSE'S LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____ (for reminders, newsletters, etc.)

PRIMARY PHONE # () _____ Circle one: Home / Cell / Work / Spouse

SECONDARY PHONE # () _____ Circle one: Home / Cell / Work / Spouse

OTHER PHONE #s: _____

How did you hear about us? (circle one)

Internet (where?) _____ Drive by _____ Friend (who?) _____ Other? _____

Payment is due at time of service. **WE DO NOT HAVE ANY FORM OF PAYMENT PLAN.**

Please circle your preferred method(s) of payment (**WE DO NOT ACCEPT CHECKS**)

American Express Master Card Visa Card Discover Card Cash CareCredit

PET INFORMATION

Please include all pets, including exotics (birds, reptiles, rabbits, hamsters, etc.) – we see them too!

Animal's Name	Species (K9/FE/etc)	Breed	Date of Birth	Color/ Markings	Sex M/F	Neutered Y/N	Allergies Y/N
			/ /				
			/ /				
			/ /				
			/ /				
			/ /				

I understand that annual examinations are strongly recommended for all pets for early detection of problems, discussion of vaccine protocols and needs/hazards and other recommendations. I also certify that I am at least 18 years old and I am the owner or lawful caretaker of these and other pets presented to Turquoise Animal Hospital for any and all medical care.

OWNER'S SIGNATURE _____ DATE _____