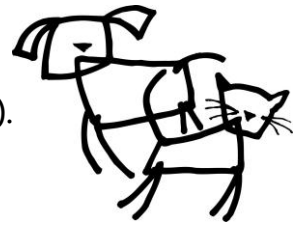




Welcome to Pinnacle Peak Animal Hospital!
 Thank you for giving us the opportunity to care for your pet(s).
 Please take a moment to complete the following information:



Client Information:

NAME: _____ SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #1: _____ PHONE #2: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ SPOUSE'S OCCUPATION: _____

How did you become aware of our hospital? _____

PATIENT INFORMATION: PET #1 PET #2 PET #3 PET #4

NAME:				
SPECIES:	CANINE/ FELINE	CANINE/ FELINE	CANINE/ FELINE	CANINE/ FELINE
BREED:				
DATE OF BIRTH				
COLOR				
SEX: F/M	F/ M	F/ M	F/ M	F/ M
SPAYED? NEUTERED?	SPAYED/NEUTERED	SPAYED/NEUTERED	SPAYED/NEUTERED	SPAYED/NEUTERED

Vaccination Information (date last done):

K9- Rabies				
K9- Distemper/Parvo				
K9- Bordatella				
K9- Heartworm Test				
Fecal (Stool Check)				
Fel.- Rabies				
Fel.- FVRCP				
Fel.- Leukemia				
Fel.- Leukemia Test				

Our pet is: A member of the family _____ Child's pet _____ Backyard pet _____ Other _____

Your pet's diet: _____

Any history of illness/surgeries: _____

Any allergies/reactions to vaccinations/medications: _____

Is your pet currently on medication? _____

I HEREBY ACKNOWLEDGE THAT PINNACLE PEAK ANIMAL HOSPITAL DOES NOT BILL FEES FOR SERVICES. PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED. IF FOR ANY REASON FEES ARE NOT PAID, FINANCE CHARGES WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH (18% PER ANUM) ON THE UNPAID BALANCE, WITH AN ADDITIONAL \$2.00 BILLING FEE PER MONTH UNTIL PAYMENT IS MADE IN FULL. I AGREE TO PAY ALL COLLECTION AND ATTORNEY'S FEES INCURRED IN THE COLLECTION OF ANY UNPAID BALANCE. If payment is received by check, PPAH requires a valid Drivers License or State ID with a current address

SIGNATURE: _____ DATE: _____

Receptionist initials _____

Client Account # _____