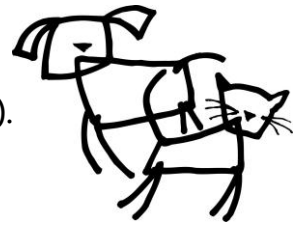




Welcome to Pinnacle Peak Animal Hospital!  
 Thank you for giving us the opportunity to care for your pet(s).  
 Please take a moment to complete the following information:



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 # \_\_\_\_\_