

WELCOME TO CANYON VETERINARY HOSPITAL

To Help Our Staff care for your pet please provide us with the following information.

Date_____

Owners' Name_____

Mailing Address_____ City_____ State_____ Zip Code_____

Physical Address (If Different)_____

Home Phone Number_____ Business Phone #_____

Cell Phone #_____ E-Mail Address_____

Preferred Method of Contact: Mail Home# Cell# Work# E-Mail

How Did You Hear About Us? Phone Book Radio Newspaper Internet Friend Driving By Other_____

We Require Payment In Full At The Time Of Service. Please Do Not Ask For Credit.

We Accept Cash, Checks, Debit Cards, Visa, MasterCard, Care Credit, Pet Insurance and Humane Society and Animal Control Vouchers. Would You Like Information On Any Of These?_____

Your Method Of Payment Today?_____ Do You Have Pet Insurance Or Vouchers?_____

Pet's Name_____ Species: Dog Cat Other:_____

Breed_____ Color_____ Birth Date_____

Sex: Male_____ Neutered?_____ or Female_____ Spayed?_____

Reason For Visit Today_____

Has Your Pet Been Examined Elsewhere For The Same Condition?_____

Date Of Last Veterinary Visit_____ Reason_____

Name Of Veterinarian/Hospital_____ May We Obtain Your Records?_____

Date Of Last Vaccinations Cat: FVRCP_____ FELV_____ Rabies_____

Dog: DHLPP_____ Rabies_____ Bordatella_____ Lyme_____ Rattlesnake_____

What Medications Is Your Pet Now Taking?_____

Any Other Medical Conditions Past Or Present?_____

I Consent To The Exam And Treatment Of My Animal Today By Dr. Jenkins And Canyon Veterinary Hospital And **Agree To Pay All Costs Associated With Today's Visit.**

Signature_____ Date_____