



CANYON PET HOSPITAL

NORTHERN ARIZONA'S PREMIER VETERINARY HOSPITAL

1054 E. Old Canyon Ct. Flagstaff, AZ 86001

Phone: (928) 774-5197 Fax: (928) 774-5278

www.canyonpet.com

Client / Owner Information - You must be 18 years of age or older to complete this form.

Last Name _____ First Name _____

Spouse/Co-owner (s) _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

E-Mail _____ *We E-mail reminders for **vaccines , blood-work, monthly newsletter** and **hospital specials**.

Employer _____ Work Phone _____

Emergency Contact _____ Phone # _____

How did you hear about us?:

____ Magnet ____ Dex Yellow pages ____ Other Phone book ____ CHA ____ Second Chance ____ Other

*****If one of our clients referred you please let us know so we can thank them _____

Pet Information	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Color			
Birthday / Age			
Gender	Male / Female	Male / Female	Male / Female
Spayed / Neutered	Yes / No	Yes / No	Yes / No

I hereby authorize the veterinarian to examine, prescribe for and/or treat my pet(s). I understand that trained personnel will not attend to boarded or hospitalized animals beyond regular office hours.

Signature _____ **Date:** _____

I authorize the release of my phone number, name and/or vaccine information to the Humane Society, County Officials, or individuals that have identified my animal by a rabies vaccine tag & wish to contact me to return my pet.

Agree (initial here) _____ **Disagree (initial here)** _____

All professional fees are due at the time that services are rendered.

A deposit is required for hospitalization or emergency procedures.

We accept cash, Visa, Mastercard, Discover, Care Credit and checks *with proper identification and Telecheck approval.*

We **DO NOT** accept counter or post-dated checks. There will be a **\$30.00** administration fee **for all returned checks.**

We require a valid drivers license and phone number each time we accept a check.

I have read and understand the above Financial Policy.

Signature of Responsible Party _____ **Date** _____