



Amigo Animal Clinic

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Phoenix, AZ 85032

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We are pleased to welcome you to our practice.

Please take a few minutes to fill out this form.

This form will help us better serve your needs and locate you when we need to contact you regarding your pet's needs. We would be happy to assist you if needed.

We look forward to working with you in maintaining your pet's health.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How did you hear about us? _____

Preferred contact method (Text, email or by phone): _____
(We will do our best to meet your preferred method)

Name of secondary contact who is authorized to make decisions regarding your pet(s):

Phone Number of secondary contact: _____

May we use your pet's pictures/videos for Public Relations/Social Media? Yes No

Please feel free to request the doctor of your choice. We are happy to provide estimates after the exam and prior to any treatments of diagnostics. A deposit may be required for recommended treatments and/or diagnostics. Payment methods accepted by us for our services are: Cash, Visa, MasterCard, Discover, American Express, CareCredit or Check (With ID verification). There will be a fee for any checks that bounce back. In order to keep our prices as low as possible we do require payment in full at the time of discharge.

Signature: _____ Date: _____