



Amigo Animal Clinic

14811 N. Cave Creek Rd

Phoenix, AZ 85032

Ph: 602-971-3561

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Your Pets Best Friend

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. It helps us better serve your needs and locate you when we need to contact you about your pet's needs. We will be happy to assist you in completing any part of it that seems unclear. We look forward to working with you in maintaining your pet's health.

Client Information

Name: _____ Spouse: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Other Phone: _____ Business Phone: _____
E-Mail: _____
Employer: _____ Occupation: _____
Business Address: _____
Personnel Recommendation –Who May we thank? _____

Payment Information

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Circle Payment Method: Visa MasterCard Discover Check Cash

Social Security Number: _____ Date of Birth: _____

Driver's license Number: _____ State: _____ Exp Date: _____

Please feel free to request the doctor of your choice. We will gladly prepare a written estimate of service fees; feel free to inquire in advance concerning an estimate of fees if we overlook providing an estimate. We know no one likes surprised about fees. A deposit may be required before recommended treatment or tests are initiated. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge we accept Visa, MasterCard, Discover, Cash or Check with driver's license for identification or we can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid and collection fees. In order to keep our clinic prices as low as possible, we require payment in full at time of discharge.

To prevent the spread of infectious diseases, all clinic patients and boarding pets must be current on all vaccines and free from internal and external parasites. The signature below authorizes the level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature: _____ Date: _____

