



ANIMAL HOSPITAL

16765 East Parkview Avenue, Fountain Hills, AZ 85268
(480) 837-0800
ElDoradoAnimalHospital.com

NEW CLIENT REGISTRATION FORM

NAME (first, last): DATE:

ALTERNATE CONTACT: (relationship)

ADDRESS: (city): (state) (zip)

HOME PHONE: ( )

CELL PRIMARY: ( ) CELL OTHER: ( )

E-MAIL ADDRESS: WORK: ( )

WHAT NUMBER IS BEST TO CALL? ( ) AT WHAT TIME?

MAY WE: TEXT BRIEF MESSAGES TO A CELL NUMBER? Yes ( )

No spam texts or reminders. Only brief messages regarding your pet's care may be sent with prior permission only.

EMAIL REGARDING YOUR PET'S CARE AND REMINDERS FOR SERVICES DUE? Yes No

We will not disclose, sell or otherwise distribute e-mails, and will not use email for purposes other than pet care messages, reminders and newsletters. You may opt out of email newsletters at any time.

RECEIVE NEWS AND SPECIALS VIA EL DORADO ANIMAL HOSPITAL E-MAIL NEWSLETTER? Yes No

MAY WE USE PHOTOS OF YOUR PET(S) FOR EDUCATION OR MARKETING? Yes No

HOW DID YOU LEARN ABOUT US? LOCATION/DRIVE BY GOOGLE

OTHER: REFERRED BY:

ARE YOU A SEASONAL RESIDENT? YES NO

PATIENT REGISTRATION

PET NAME: DATE OF BIRTH/APPROXIMATE AGE:

DOG CAT OTHER: MALE FEMALE SPAYED/NEUTERED

BREED: COLOR: APPROXIMATE WEIGHT:

DATE AND TYPE OF LAST VACCINATION:

CURRENT MEDICATIONS:

ALLERGIES:

PLEASE DESCRIBE ANY MAJOR MEDICAL HISTORY (illnesses, surgery, conditions etc.)

DIET (Brand): Daily amount fed:

NUMBER OF HOURS PER DAY SPENT OUTDOORS:

PLEASE DESCRIBE ANY TRAVEL OUTSIDE OF PHOENIX

WHO WAS YOUR PREVIOUS VETERINARIAN?

MAY WE CONTACT THEM FOR RECORDS? IF YES, PLEASE INITIAL HERE:

I hereby authorize the veterinarian of El Dorado Animal Hospital to examine, prescribe for and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand these charges must be paid at the time of release and a deposit may be required for some treatment plans. We accept cash, check, Visa, MasterCard and American Express.

SIGNATURE OF OWNER/ AUTHORIZED AGENT: DATE:

Please print your completed form and bring it with you to your appointment.

**Use if registering more than one pet.**

**#2 PATIENT REGISTRATION**

PET NAME: \_\_\_\_\_ DATE OF BIRTH/APPROXIMATE AGE: \_\_\_\_\_

DOG  CAT  OTHER: \_\_\_\_\_  MALE  FEMALE  SPAYED/NEUTERED

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ APPROXIMATE WEIGHT: \_\_\_\_\_

DATE AND TYPE OF LAST VACCINATION: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PLEASE DESCRIBE ANY MAJOR MEDICAL HISTORY (illnesses, surgery, conditions etc.) \_\_\_\_\_

DIET (Brand): \_\_\_\_\_ Daily amount fed: \_\_\_\_\_

NUMBER OF HOURS PER DAY SPENT OUTDOORS: \_\_\_\_\_

PLEASE DESCRIBE ANY TRAVEL OUTSIDE OF PHOENIX \_\_\_\_\_

WHO WAS YOUR PREVIOUS VETERINARIAN? \_\_\_\_\_

MAY WE CONTACT THEM FOR RECORDS? \_\_\_\_\_ IF YES, PLEASE INITIAL HERE: \_\_\_\_\_

*I hereby authorize the veterinarian of El Dorado Animal Hospital to examine, prescribe for and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand these charges must be paid at the time of release and a deposit may be required for some treatment plans. We accept cash, check, Visa, MasterCard and American Express.*

SIGNATURE OF OWNER/  
AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**#3 PATIENT REGISTRATION**

PET NAME: \_\_\_\_\_ DATE OF BIRTH/APPROXIMATE AGE: \_\_\_\_\_

DOG  CAT  OTHER: \_\_\_\_\_  MALE  FEMALE  SPAYED/NEUTERED

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ APPROXIMATE WEIGHT: \_\_\_\_\_

DATE AND TYPE OF LAST VACCINATION: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PLEASE DESCRIBE ANY MAJOR MEDICAL HISTORY (illnesses, surgery, conditions etc.) \_\_\_\_\_

DIET (Brand): \_\_\_\_\_ Daily amount fed: \_\_\_\_\_

NUMBER OF HOURS PER DAY SPENT OUTDOORS: \_\_\_\_\_

PLEASE DESCRIBE ANY TRAVEL OUTSIDE OF PHOENIX \_\_\_\_\_

WHO WAS YOUR PREVIOUS VETERINARIAN? \_\_\_\_\_

MAY WE CONTACT THEM FOR RECORDS? \_\_\_\_\_ IF YES, PLEASE INITIAL HERE: \_\_\_\_\_

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SIGNATURE OF OWNER/  
AUTHORIZED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

***Please print your completed form and bring it with you to your appointment.***