



**Phoenix Mountain Animal Hospital**

**Dr. Jason Kanarish, DVM**

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[www.phoenixmountainah.com](http://www.phoenixmountainah.com)

**New Client Form & Financial Policy**

Your Name: \_\_\_\_\_ Other name(s) to add to account: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Information:

Best way to reach you: Phone  or Email

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_ Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ (if referred, please give name)

**Pet Information:** (Add more pets if necessary)

Name of Pet(s)				
Dog/Cat/Other				
Breed				
Color/Markings				
Date of Birth/Age				
Sex: M/F				
Neutered(N)/Spayed(S)				
Date of last vaccines				

Previous Veterinary Clinic: \_\_\_\_\_

May we contact your previous veterinarian if your pet's medical history is needed? \_\_\_\_\_

We accept Visa, American Express, MasterCard, Discover Card, Care Credit, Debit, or Cash

CHECKS NOT ACCEPTED- Sorry.

**I HEREBY ACKNOWLEDGE THAT PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED. A MINIMUM OF 50% OF THE ESTIMATE IS REQUIRED AS A DEPOSIT AT THE TIME OF ADMISSION FOR ALL MAJOR SURGERY / HOSPITALIZATION AND EMERGENCIES.**

**I have read and agree to the terms of the financial policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_