



Phoenix Mountain Animal Hospital

Dr. Jason Kanarish, DVM

4727 E Cactus Road Suite 124 Phoenix, AZ 85032

Phone: 602-595-6116/Fax:602-595-6315

www.phoenixmountainah.com

New Client Form & Financial Policy

Name: _____ Other name(s) to add to account: _____
Mailing address: _____ City: _____ State: _____ Zip: _____
Phone# (home): _____ (cell): _____ (work): _____
(other): _____ Best number to reach you at: _____
Place of employment: _____ Email address: _____
Driver's License #: _____ How did you hear about us? _____

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				

Pet Medical History:

List all Medications/Supplements your pet(s) is currently taking	
List any allergies your pet(s) may have to medications	
Provide any other pertinent medical history in which we should be aware	

Previous Veterinary Clinic: _____
May we contact your previous veterinarian if your pet's medical history is needed? _____

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

NO CHECKS 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: _____