



**Phoenix Mountain Animal Hospital**

**Dr. Jason Kanarish, DVM**

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**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: \_\_\_\_\_