



Catalina Pet Hospital

3925 E Fort Lowell Rd Ste 107 Tucson, AZ 85712
Confidential Document. Please Print.

CLIENT INFORMATION

Name: _____ Birthdate: _____
Last First MI

Spouse/Partner/None Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Referred By: _____ E-mail: _____

SSN: _____ Driver's License #: _____

Emergency Contact & Phone #: _____

Name, Address, Phone nearest friend or relative _____

PATIENT INFORMATION

Name: _____ Species: Canine/ Feline Other: _____

Breed: _____ Color: _____

Age/DOB: _____ Sex: Female/Male Spayed/Neutered: Yes/No

Known Allergies/Health Problems: _____

Microchip or Tattoo ID#: _____ Diet food: _____

Last Vaccines Type & Date: _____

Do you have other pets in your home? Please list names and species:

As a new client, we would like to acquaint you with our office policy. Our services are by appointment only and payment is due when services are rendered. Payment may be made by cash, credit card or personal check with ID. There is a \$20 charge for returned checks. If your account goes to collections, you must pay both the collection fee and balance owed. Deposits are required for hospitalized pets with the remaining balance due upon patient discharge.

I have read and understand the office policy.

Signature: _____ Date: _____