Welcome to Palm Glen Animal Hospital

Thank you for giving Palm Glen Animal Hospital an opportunity to care for your pet.
Please complete the following: MUST BE 18 YEARS OF AGE

Owner (s) _____ Spouse/Other Owner _____
Last First

Physical Address: _____

_____ _____ _____ Drivers license_____
City State Zip Code

Mailing Address (if different then above) _____City_____State_____ Zip_____

Primary Phone _____ Cell Phone _____ Work Phone _____

E-mail Address_____

Preferred method of communication: Email ___ Phone ___ Text____ May we use your pet's picture: Yes _____ No ____

Other Authorized for Account: Please list who can make appointments, authorize treatments or make payment: MUST BE 18 YEARS OF AGE

Name: _____ Relationship: _____

How did you hear about our hospital?

Facebook		Drive by/Sign	
Nextdoor		Vet Referral	
Google/Yelp		Friend Referral	

Who were you referred by? _____

	PET # 1	PET # 2	PET # 3
NAME			
SPECIES			
BREED			
COLOR			
AGE			
SEX			
SPAYED/NEUTERED			

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF VISIT

*If you neglect to pick up your pet or call within 48 hours, Palm Glen Animal Hospital may assume that the pet is abandoned and act according to Arizona state laws.

*Please note the hospital is not staffed after hours. Our patients are recommended to go to the Emergency Animal Hospital as needed when 24 hour care is required by the doctor.

* A deposit may be required for treatment. We do not accept personal checks. Failure to pay balance at the time of service will incur collection costs as necessary. All delinquent accounts will be submitted to collections.

Owner/Guardian_____ **Date**_____