

**WELCOME TO OUR PRACTICE
GLENDALE ANIMAL HOSPITAL
CLIENT AND PET INFORMATION**

Name _____
 First Mi Last

Address _____
 Street Apt/Space# City/State Zipcode

Spouse/Companion/Significant Other _____

Please List all Phone Numbers Home _____ WkPhone _____ Cell _____

E-mail address (we promise NO SPAM) _____

How did you find out about our practice?

- Yellow Pages Sign/Drove By Flyer/Ad Internet/Web Site
 Friend or Relative...please tell us who _____

How will you be making payment? ..Payment is required when services are rendered.

- Cash Debit Card Visa/Mastercard Discover Card AmExpress Care Credit*
 Check..ALL CHECKS RUN ELECTRONICALLY AND IF THEY DO NOT CLEAR, ANOTHER FORM

OF PAYMENT WILL BE NEEDED...THANK YOU

All fees must be paid when services are rendered. A deposit may be required for pets left in our care.

*Additional fees may be added when using Care Credit

PLEASE TELL US ABOUT YOUR PETS

Pet Number 1

Name _____

Species Dog Cat Other _____

Breed _____ Colors _____

Sex Male Female Neutered Yes / No Age or Birthday _____

Pet Number 2

Name _____

Species Dog Cat Other _____

Breed _____ Colors _____

Sex Male Female Neutered Yes / No Age or Birthday _____

Pet Number 3

Name _____

Species Dog Cat Other _____

Breed _____ Colors _____

Sex Male Female Neutered Yes / No Age or Birthday _____