

Welcome to **AZTEC ANIMAL CLINIC**...Let's get acquainted!



After making an appointment, please print this form, fill it out, and bring it in with your pet.

About you...

Today's date _____

Your name _____ Spouse/Partner _____

Physical Address _____
Street City State Zip

Mailing Address (if different than above) _____

Home Phone # _____ Cell# _____ Drivers Lic# _____

Social Security # _____ Spouse's/Partner's SSN _____

Employer's Name _____ Work Phone # _____

Spouse's/Partner's Employer _____ Work Phone# _____

Emergency Contact _____ Phone # _____

Email Address (optional) _____

May we contact you by Email? Yes ___ No ___

How did you hear about our hospital?

___ Individual, someone we may thank? _____

___ Yellow Pages ___ Drive by ___ Referral from another clinic ___ Other _____

About your pet...

Pet's name _____ DOB (or approximate age) _____

Breed _____ Color _____ Sex: M F Neutered Spayed

Date of last vaccines _____ Any existing medical problems? _____

Pet's name _____ DOB (or approximate age) _____

Breed _____ Color _____ Sex: M F Neutered Spayed

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Breed _____ Color _____ Sex: M F Neutered Spayed

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I understand payment is due at time of service. Cash, check, Visa, Mastercard, and Discover are accepted. All accounts thirty (30) days past due may be charged an interest rate in the amount of 1.5% or a minimum of \$5.00 per month. In the event that my account becomes delinquent, it may be sent to a collection agency. In addition, I may be charged a one-time fee of 15% or \$15.00, whichever is greatest if my account is sent to a collection agency.

Signature _____