



San Cayetano Veterinary Hospital

1133 Circulo Mercado, Rio Rico, AZ 85648



CLIENT/OWNER INFORMATION *(must be 18 years of age or older)*

Last Name:	First Name:
Spouse/Co-Owner Last Name <i>(if different)</i>:	Spouse/Co-Owner First Name:
Mailing Address: Residential Address <i>(if different)</i>:	Phone <i>(please check preferred primary contact number)</i> <input type="checkbox"/> Home: <input type="checkbox"/> Cell: <input type="checkbox"/> Spouse Cell:
Email:	

REFERRAL - How did you learn about San Cayetano Veterinary Hospital?

- Yellow Pages / Paper Directory
 On-line Yellow Pages
 Chamber of Commerce
Internet Search:
 Facebook
 Google
 Yelp
 Other: _____
 Our Hospital Sign
 Another Veterinarian (name): _____
 Individual – Who may we thank for referring you: _____
 Other (please state): _____

FINANCIAL TERMS

Our only real job is protecting the health of your pet. Our ability to perform this job depends, in a very real way, on the ability of San Cayetano Veterinary Hospital to function in an economically sound manner. In that light, we present the following Financial Terms.

Payment is due at time of service. Cash, Checks, Debit cards, and all major Credit Cards are accepted. Care Credit is also accepted - an interest-free, 6-month payment option for medical expenses over \$200. *(Ask our staff for more information.)*

If you wish the ability to pay by check, please print and complete the following boxes. For security reasons, we cannot accept this information by email. This information will be kept only on our password-protected software, and the hard copy will be shredded. If you prefer to not share this information, your file will be flagged as "Cash or Credit Card Only".

Social Security Number:	Driver License Number:	Employer:
	Expiration Date:	Employer Phone:
	Issuing State:	

Checks returned for insufficient funds: All Costs (including, but not limited to, finance charges, collection costs, attorney's fees) incurred to enforce collection of the outstanding amount will be the responsibility of you, the Client.

Typing your name below will serve as your eSignature.

Your eSignature indicates that you have read, do understand, and do agree to the Financial Terms under which our partnership for your pet's health will operate.

Client/Owner eSignature:	Date:



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PATIENT/PET INFORMATION

Pet's Name:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bird <input type="checkbox"/> Rabbit <input type="checkbox"/> Other _____
Breed: <input type="checkbox"/> Mixed	Color/Markings:
Age **OR** Birthday: <i>(please estimate if unsure & check Unknown):</i> <input type="checkbox"/> Unknown	Sex: <input type="checkbox"/> Female Intact <input type="checkbox"/> Male Intact <input type="checkbox"/> Female Spayed <input type="checkbox"/> Male Neutered
Date of Last Vaccinations** CAT/DOG- Rabies: CAT- FVRCP (Distemper & Respiratory): CAT- Other (e.g., FIV, FIP, Lyme, Giardia): DOG- DHPP (Distemper/Parvo): DOG- Bordetella (Kennel Cough): DOG- Other (e.g., Corona, Lepto, Lyme, Rattlesnake):	Does your pet take monthly Heartworm Prevention? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(which brand):</i> Does your pet take daily medications or supplements? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please list):</i> Allergies (please list): How many pets are in your household (enter number): ____ Cats ____ Dogs ____ Birds ____ Pocket Pets ____ Other (specify):
Is your pet Microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No Which company: <i>(If interested, please let our staff know)</i>	Do you have Pet Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Which company: <i>(If interested, we recommend Embrace; please ask our staff for more information)</i>

****Please provide Vaccination information (usually listed on invoices) OR a copy of your pet's medical record.**

Please give us your most recent veterinarian's information so that we can request previous vaccination history on your behalf, or other pertinent medical history as needed.

Most Recent Veterinarian:	City/State:	Phone:
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We also offer BarkCode, a memory chip-in-a-tag to which you upload all medical history for your pet, so that you have that information no matter where you and your pet travel or move. *If interested, please ask our staff for more information.*

Thank You for Choosing San Cayetano Veterinary Hospital!

