



7733 E Indian School Rd. Scottsdale AZ 85251  
480-945-4451

# WELCOME

Dr. Delac and the staff of Indian School Animal Hospital would like to thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To help insure the best care possible, please take the time to complete our admission form.

Thank you!

First and Last Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Partner's Name \_\_\_\_\_

How did you learn about our clinic? \_\_\_\_\_

If recommended, whom may we thank? \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## PET HEALTH HISTORY

Name of Pet \_\_\_\_\_ Cat or Dog \_\_\_\_\_

Breed \_\_\_\_\_ Color (s) \_\_\_\_\_

Birth Date \_\_\_\_\_

Is your pet (circle one)      Male      Female      Neutered      Spayed      Unsure

Date of last vaccinations \_\_\_\_\_

Does your pet have any allergies? \_\_\_\_\_

Is your pet currently taking any medications, preventative medications or dietary supplements? \_\_\_\_\_

Has your pet had any medical conditions or surgeries? \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian and her staff to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for estimates over \$300.00 and surgical treatment may require a 100% deposit.

**SIGNATURE OF OWNER/REPRESENTATIVE** \_\_\_\_\_