



7733 E. Indian School Road,
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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 ensure the best care possible, please take the time to complete our admission form. Thank you!

Client Info

First and Last Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Which number should we call first? _____

Partner's Name: _____ Partner's Number: _____

E-mail Address: _____ Pet Insurance Co.: _____

How did you learn about us? _____

If you were recommended, whom may we thank? _____

Pet History

Name of Pet: _____ Cat Dog

Breed: _____ Color(s): _____

Birth Date or Approximate Age: _____ Male Female

Date of Last Vaccinations: _____ Neutered Spayed Unsure

Does your pet have any allergies? _____

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

Date