



CLIENT REGISTRATION

Please print clearly and provide the following information. All fields must be accurate and complete.

Welcome to Scottsdale's Premier Surgery Specialty Hospital for Dogs and Cats

Primary Owner Information

Full Name: _____ Spouse/Partner: _____

Home Address: _____ Apt # _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Mobile: _____ E-mail: _____

Contact Preference? Please circle one. E-mail Home Work Mobile Other

Employer: _____ Occupation: _____

Work Address: _____

City/Town: _____ State: _____ Zip Code: _____

If we are unable to reach you, whom may we contact in case of emergency?

Emergency Contact: _____ Phone: _____

Do you authorize this person to make urgent treatment decisions if you are unavailable? Yes No

Pet Information

Name: _____ Species: Canine Feline Breed: _____

Date of Birth/Age: _____ Color: _____ Gender: Female Male Spay/Castr: Yes No

Referring Veterinarian/Hospital: _____ Phone: _____

Reason for Visit and Special Needs or Concerns:

PLEASE READ: In order to give our clients and patients the individual care and attention they may require, our veterinary specialists may devote additional time beyond a scheduled appointment. We ask for your patience and understanding as YOU MAY EXPERIENCE A WAIT due to unanticipated delays. Be assured, your pet will receive the same special attention. Please alert our reception staff immediately if your pet's condition changes while you are waiting to be seen.

