



INA ROAD ANIMAL HOSPITAL
 7320 N. LA CHOLLA # 114
 TUCSON, AZ 85741
 (520) 544-7700

NEW CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

If you are here for an emergency:

Who is your regular veterinarian? _____ Clinic/Hospital Name: _____

Office Phone Number: _____ Office Fax: _____

Do you want us to fax our records to your regular veterinarian after your pets' exam? Yes No

CLIENT INFORMATION

Name _____ Spouse's/Significant Other's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Spouse's Phone _____

Place of Employment _____ Best Time to Reach You _____

Driver's License # _____ Email Address _____

How did you become aware of our hospital? Drove by Yellow Pages Friend/Relative Website
 Personal Recommendation *(Whom may we thank?)* _____

| | PET #1 | PET #2 | PET #3 |
|----------------------|--|--|--|
| NAME | | | |
| SPECIES | | | |
| BREED | | | |
| COLOR | | | |
| SEX | | | |
| SPAYED/NEUTER | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE OF BIRTH | | | |

Any previous illnesses or surgeries? _____

Does your pet travel outside Southern Arizona? If YES, where? _____

Is your pet on any special diets, medications, or herbal products? _____

Reason for today's visit? _____

At your visit, we will prepare a written estimate for all services recommended for your pet's care. **FULL PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED. THERE IS NO BILLING.** Interest and billing fees are assessed to any unpaid balance. Any account turned over for collection will be assessed a collection fee of 50% of the unpaid balance. We accept CASH, VISA, MASTERCARD, and DEBIT CARD. We do offer alternative payment arrangements through CARE CREDIT. Please ask for an application. Due to the high volume of returned checks, we can no longer take checks as a form of payment.

Please indicate your choice of payment: Cash Visa/MasterCard Debit/ATM Care Credit

I understand that during examination/treatment a trained technician may be asked to hold my pet in order to assist the doctor. If I decline and insist on restraining my own pet, I will hold harmless ILL EAGLE VETERINARY SERVICES, Inc, d.b.a. Ina Road Animal Hospital, its' doctors and staff in the event that I should be bitten, scratched, or sustain any other injury. I also understand that for the comfort of my pet, the safety of myself, and the safety of the hospital staff, it may be necessary to perform some procedures in another area of the hospital without my presence. This includes radiographs, surgery, obtaining laboratory samples, and so forth.

I hereby authorize Ina Road Animal Hospital to examine my pet and render treatment, surgery, or care of my pet(s) as agreed upon between myself and the doctor/staff and understand all conditions noted above.

Signature of Owner/Agent _____ Date _____