

**Welcome to VCA Avondale Veterinary Hospital**  
**WE ACCEPT CASH, CREDIT CARDS OR DEBIT CARDS and CARE CREDIT**  
**WE NO LONGER ACCEPT PERSONAL CHECKS**

Today's Date: \_\_\_\_\_

Mr. Mrs. Ms. \_\_\_\_\_  
                    First                    MI                    Last                    Nickname                    Spouse/Other

Home Address: \_\_\_\_\_  
                    Street                    Apt#                    City                    State                    Zip Code

Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

How did you become aware of our hospital?  Hospital Sign  Yellow Pages  Other – Please explain \_\_\_\_\_  
 Personal recommendation - Who may we thank? \_\_\_\_\_

Do you have Pet Insurance? If yes, what company is your insurance with? \_\_\_\_\_

Patient Name: \_\_\_\_\_ Canine/Feline                      Patient Name: \_\_\_\_\_ Canine/Feline

Breed: \_\_\_\_\_ Color: \_\_\_\_\_                      Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birth date or age: \_\_\_\_\_                      Birth date or age: \_\_\_\_\_

Sex: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_                      Sex: \_\_\_\_\_ Spayed or Neutered? \_\_\_\_\_

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

Name of clinic or doctor? \_\_\_\_\_                      Name of clinic or doctor? \_\_\_\_\_

Is your pet on heartworm preventive? Y/N                      Is your pet on heartworm preventive? Y/N

Any allergies or prior illnesses we should be aware of? Y/N  
If yes, explain \_\_\_\_\_

What do you feed your pet/pets? \_\_\_\_\_                      What type of flea control are you using? \_\_\_\_\_

**Payment is expected at the time services are rendered.**  
**Deposits are required on major/surgical and emergency work where hospitalization is required.**

**Do we have permission to post pictures of your pet(s) on social media? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Sign here: \_\_\_\_\_**

**I understand that I am responsible for all charges on this account.**

**If my account enters a default status, I agree to be responsible for reasonable administrative fees, reasonable attorney fees, filing fees, court costs and any other costs incurred while collecting the principal amount due.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Client # (for office use) \_\_\_\_\_