



# Speedway Veterinary Hospital



3736 E Speedway Blvd.

Tucson, AZ 85716

520-321-4235

## PATIENT/CLIENT INFORMATION

**Welcome to *Speedway Veterinary Hospital!* Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both pages of this information sheet. If you have any questions we would be happy to help you. We look forward to working with you in maintain your pet's health.**

Client Name \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

To dispense certain medications, we are required to have your: Middle Initial: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse/Co-Owner Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Employer Telephone \_\_\_\_\_

In case of EMERGENCY, please call \_\_\_\_\_ Telephone \_\_\_\_\_

**How did you first learn of our hospital? We would like to thank any individual who referred you.**

Hospital Sign      Direct Mail Brochure      Yellow Pages Ad      Newspaper      Internet Search

Referred by \_\_\_\_\_

**And now, the legal parts.....please initial each line after you have read it.**

\_\_\_\_\_ We will gladly discuss cost of services and prepare a written treatment plan.

\_\_\_\_\_ Professional fees are due at the time services are rendered.

\_\_\_\_\_ Deposits may be required for patients being admitted.

\_\_\_\_\_ We accept cash, check (with valid D.L), Care Credit, Visa, Mastercard, and Discover.

\_\_\_\_\_ We will charge a \$35.00 fee for returned checks.

\_\_\_\_\_ There will be a \$15.00 fee for appointments canceled the same day or for failure to appear to your Appointment.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

***\*\*Please List Individual Pet Information On The Back Of This Form\*\****



# Speedway Veterinary Hospital, Inc.



## ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
<b>Name</b>			
<b>Species</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Age</b>			
<b>Date of Birth</b>			
<b>Sex/Altered?</b>			
<b>Length of Time Owned</b>			
<b>How Obtained?</b>			
<b>Previous Hospital/Vet</b>			
<b>Microchip #</b>			
<b>Most Recent Vaccinations</b>			
Da2PPC/L (Canine)			
Bordetella (Canine)			
Rabies (Canine & Feline)			
Rattlesnake (Canine)			
FIV/Felv Test (Feline)			
FIV (Feline)			
FELV (Feline)			
FIP (Feline)			
FVRCCP (Feline)			
<b>Diet (Brand &amp; Amount)</b>			
<b>Prior Illness</b>			
<b>Current Medications</b>			