

# Blue Ridge Pet Clinic

712 W. White Mountain Blvd., Lakeside AZ 85929  
(928) 367-5950 (928) 367-5060 FAX

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be happy to help you. We look forward to working with you in maintaining your pet's health.

## CLIENT INFORMATION

Name \_\_\_\_\_

Last name First name Initial

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Spouse/Co-Owner \_\_\_\_\_

Phone \_\_\_\_\_

We will gladly prepare a written estimate of fees if you desire (Please ask your doctor or staff member). All professional fees are due in full at the time services are rendered. We're sorry, but we do not accept checks. We will gladly accept payment by cash, credit or debit cards. We also accept Care Credit. Please be advised that the hospital is not staffed other than routine business hours.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PET INFORMATION #1

Pet's name \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered Yes \_\_\_\_\_ No \_\_\_\_\_

Age/Birthday \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Microchip # \_\_\_\_\_

X-Ray # \_\_\_\_\_

## PET INFORMATION #2

Pet's name \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered Yes \_\_\_\_\_ No \_\_\_\_\_

Age/Birthday \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Microchip # \_\_\_\_\_

X-Ray # \_\_\_\_\_

## PET INFORMATION #3

Pet's name \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered Yes \_\_\_\_\_ No \_\_\_\_\_

Age/Birthday \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Microchip # \_\_\_\_\_

X-Ray # \_\_\_\_\_