



# McClintock Animal Care Center WELCOME!

Thank you for giving us the opportunity to care for your pet.  
Please take the time to fill out this DOUBLE-SIDED form completely.

## CLIENT REGISTRATION

YOUR NAME: \_\_\_\_\_

SPOUSE/PET OWNER #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

CELL #: \_\_\_\_\_ PET OWNER #2 CELL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ work# \_\_\_\_\_

OWNER #2 EMPLOYER: \_\_\_\_\_ work# \_\_\_\_\_

When & where is the best time to contact you? \_\_\_\_\_

May we contact you via e-mail? (your pet's health reminders, special announcements & newsletters)

YES  NO E-MAIL : \_\_\_\_\_

(Will remain confidential)

### HOW DID YOU LEARN OF OUR CLINIC?

Recommendation: Whom may we thank? \_\_\_\_\_

Dex On-line Directory  Sign/Area  Yellow Pages  Maricopa County Shelter or Humane Society

Internet Search Site (which one?) \_\_\_\_\_  Other \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet(s) on the patient information form. I assume responsibility for all charges incurred in the care of this animal and understand that payment is due at the time services are rendered. I agree to pay any costs and attorney fees necessary for the collection of any amount not paid when due. Our office accepts Visa, Mastercard, Discover, American Express, Debit, and cash. **Checks are not accepted.**

**PLEASE NOTE: WE DO NOT OFFER BILLING AS A METHOD OF PAYMENT**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CLINIC USE ONLY:** CLIENT ID \_\_\_\_\_  NEW  RETURNING

McClintock Animal Care  
 Patient Information

Please fill out completely	PET #1	PET #2																				
PET NAME																						
MALE or FEMALE?																						
SPAYED or NEUTERED?																						
DATE OF BIRTH																						
SPECIES (cat, dog, rabbit, etc.)																						
BREED																						
COLOR																						
DATE OF LAST PHYSICAL EXAM																						
DATE OF LAST VACCINATIONS																						
<b>PLEASE CIRCLE ALL VACCINES PREVIOUSLY GIVEN</b>	<table border="0"> <tr> <td><u>DOG</u></td> <td><u>CAT</u></td> </tr> <tr> <td>Distemper</td> <td>FVRCP</td> </tr> <tr> <td>Parvo</td> <td>Leukemia</td> </tr> <tr> <td>Rabies</td> <td>Rabies</td> </tr> <tr> <td>Bordetella</td> <td></td> </tr> </table>	<u>DOG</u>	<u>CAT</u>	Distemper	FVRCP	Parvo	Leukemia	Rabies	Rabies	Bordetella		<table border="0"> <tr> <td><u>DOG</u></td> <td><u>CAT</u></td> </tr> <tr> <td>Distemper</td> <td>FVRCP</td> </tr> <tr> <td>Parvo</td> <td>Leukemia</td> </tr> <tr> <td>Rabies</td> <td>Rabies</td> </tr> <tr> <td>Bordetella</td> <td></td> </tr> </table>	<u>DOG</u>	<u>CAT</u>	Distemper	FVRCP	Parvo	Leukemia	Rabies	Rabies	Bordetella	
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Where did you acquire your pet? At what age?																						
List any current medications and/or supplements																						
What is your pet eating? <i>(i.e.-- Iams, Purina, canned and/or dry)</i>																						
Has your pet traveled outside of Arizona?																						
Is your pet currently on heartworm prevention?																						
<b>DOGS ONLY:</b> Has your dog been heartworm tested?																						
<b>CATS ONLY:</b> Does your cat go outdoors?																						
Has your cat been tested for FIV/Leukemia viruses?																						