



How did you select San Tan Animal Hospital? _____

Owner Information (must be over 18 years old)

Spouse/Co-Owner Information (optional)

Name: _____	Name: _____
Address: _____	
City/State: _____ County: _____	Cell #: _____
Zip Code: _____	Home #: _____
Cell #: _____	
Home #: _____	

E-mail Address (Please print): _____

We prefer to use email to send your pet's chart, rabies information, and vaccine reminders.

Is your pet currently enrolled in an insurance policy? If yes please provide the policy number and company below:

San Tan Animal Hospital occasionally shares photos on our social media outlets of happy pets. Do we have your consent to share your pet's first name and photo on our hospital page's Facebook/Twitter/Instagram? YES___ NO___

Your Pet's Information

Name	Dog/Cat	Breed and Color	Male/Female Spayed/neutered	Date of Birth

Please list any veterinary hospitals including specialists where your pet has had medical care:

I hereby authorize the veterinarian at San Tan Animal Hospital to examine, prescribe for, and/or treat the above described pet(s). I do claim ownership and total financial responsibility of the above-mentioned animal(s). I agree to pay for all services performed on behalf of my pet(s) at the time of services rendered. As a responsible pet owner, I have the right and responsibility to inquire about costs prior to services being performed. I acknowledge San Tan Animal Hospital reserves the right to refuse services at any time.

Signature: _____ **Date:** _____

Printed Name: _____

What is your preferred method of payment? Cash Credit/Debit CareCredit