



Patient/Client Information

Welcome to Cortaro Farms! We want to provide your pet with the highest quality and most personalized veterinary care possible. Please help us with this by completing the form below. If there is any information not covered on this form that might be important to us in caring for your pet, please provide it in the space below. Thank you!

Owner's Name: _____ Date: _____

Spouse/Significant Other/Partner: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Employer's Name and Address: _____

Spouse/Significant Other/Partner's Employer: _____

Please list any other adults authorized to pick up your pet: _____

Email Address: _____

Please provide us with information about all pets for whom you would like us to care for. If you have more than three pets, please ask for an additional pet information sheet.

Pet's Name: _____		
Species (dog & cat): _____		
Breed: _____		
Color: _____		
Date of Birth: _____		
Sex: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
Spayed/Neutered? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Date of last vaccine: _____		
Microchipped? YES <input type="checkbox"/> NO <input type="checkbox"/>		

What medication does your pet(s) take (please list name of the pet if you have more than one, name of drug, dosage, and frequency): _____

Does your pet(s) have any known allergies? If yes, please list: _____

How did you hear about us? _____

Please let us know if there are any types of information you are interest in receiving:
(Check all that apply)

Puppy/Kitten **Elderly Pet Care** **Desert Dangers** **Behavior**

Nutrition **Dangerous House plants** **Joint Care/Exercise** **Emergencies**

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on vaccines and free from parasites. Vaccines and parasite control will be provided as needed.

Financial Responsibility: Professional fees are due when services are rendered at each visit. You will be charged for any costs associated with the collection of any amount outstanding, and you agree to this policy by signing below. If you need financial assistance, please ask our receptionist about Care Credit.

Owner Signature

Date

Additional information: _____

Thank you for giving us the opportunity to care for your pets. Welcome to the Cortaro Farms family. Please visit us:

On the web: www.cortarofarmspethospital.com

On our blog: www.cortarovet.blogspot.com

On Facebook: Cortaro Farms Pet Hospital

I hereby give permission to Cortaro Farms Pet Hospital to publish our testimonial, photograph or digital radiograph image on our website, cortarofarmspethospital.com and social media outlets.

Owner Signature

Date