



Circle L
Animal Hospital

WELCOME!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill out this form completely. Thank you!

REGISTRATION

Today's Date _____

Owner _____ Spouse/Other _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Occupation _____ Employer _____

PET HEALTH HISTORY

Name of pet(s) _____ Dog ☐ Cat ☐ Alpaca ☐ Other ☐

Sex _____ Spayed/Neutered _____ Breed _____ Age _____ Color _____

LAST VACCINATION DATES:

DOGS: Distemper _____ Parvo _____ Bordatella _____ Rabies _____

Is your dog on a preventative heartworm medication? _____

CATS: FVRCP _____ FELV _____ Rabies _____

ALPACAS: CD & T _____

Areas your pet has lived besides the Chino Valley/Prescott area? _____

Problems we should be aware of: chronic illness, allergies, medications, etc. _____

We at Circle L Animal Hospital strive to provide your pet(s) with uncompromising care, in a warm, safe environment. Our regular office hours are by appointment: Monday thru Friday 8:00am to 6:00pm, closed Tues. from 12:00pm to 1:30pm, and open Saturday from 8:30am - 2:00pm. A Doctor is available on-call 24 hours, however we do not have an attendant on the premises 24 hours. Should you need a Doctor's service after our regular office hours, call 771.7564 and the Doctor on call will be paged. If the Doctor is involved in another emergency, there may be a slight delay in getting back to you, but the Doctor will return your call!

AUTHORIZATION

PAYMENT IS EXPECTED AT THE TIME OF SERVICES. Cash, Check, Visa, Mastercard, Amex, Discover and Care Credit are accepted. We provide quotes for routine services on request. In estimating costs for emergency services, we will keep you informed of any changes. In the event that an account is not paid in full when due, it will bear interest at the rate of 24% per annum. Client further agrees to pay costs of collection and reasonable attorneys fees if this matter is referred to an attorney for collection.

Signature _____ Date _____

Drivers License # _____ Exp. Date _____ DOB _____

Where did you hear about us? _____

WHERE *East* MEETS *West* FOR CARE AT ITS BEST

845 S. HWY 89, CHINO VALLEY, AZ 86323 • 928.636.4421 • FAX: 928.636.9821 • WWW.CIRCLELHOSPITAL.COM



Circle L
Animal Hospital

Today's Date _____

How did you hear about Circle L Animal Hospital?

_____ Circle L Employee _____ Newspaper _____ Monthly Special, Coupon, Smart Shopper/Savy Ad

_____ Circle L Website _____ Google _____ Facebook _____ Highway Sign/Drove By

_____ Current Client Referral _____ Phone Book _____ Special Event _____ Dex Online

_____ Other, Please specify: _____

If you were referred by a friend/neighbor, please provide us with their name and telephone number below so that we can apply a \$30.00 Client Referral Credit to their account. Learn more about our referral program below!

Name: _____ Phone no.: _____

HAVE YOU HEARD ABOUT OUR REFERRAL PROGRAM?

Earn credit and help pay for your veterinary care. Tell a friend about us and encourage them to come in for a visit. All they need to do is present this "referral card" to us and upon completion and payment for their office visit you will be credited \$30.00 towards products and service for your next visit to 4 Paws Rehabilitation.



New Client Name: _____

Pet's Name: _____

I was referred by: _____

Date of visit: _____ / _____ / _____ Staff Initial _____

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*limit 3 referrals per month or up to \$500 per year (this is per family not per pet)

*good for first time clients only

*new client visit must be paid at time of visit and be \$43.00 or more to qualify for credit