



Primary Name for the Account: _____

Cell Phone: _____ Phone Calls Preferred ___ Texts Preferred ___

Would you like to receive text message reminders or offers? ___ Yes ___ No

Email address: _____

Can we send you periodic email updates? ___ Yes ___ No

Would you like to list an alternate contact to make decisions if you cannot be reached? ___ Yes ___ No

Name: _____ Phone Number: _____

Address: _____ Mailing ___ Shipping ___ Both ___

How did you hear about us? (Circle) • Friend/Family • Google • Facebook • Yelp • Location • Flyer • Other

Tell Us About Your Pet:

Name: _____

Breed: _____ Age: _____ Sex: _____ Spayed/Neutered? _____

Previous Veterinary Clinic (Name & Phone Number): _____

Any previous history we should be aware of? _____

Please Initial & Sign Below

_____ Please note: All payments are due and payable at the time that services are rendered. We accept cash, check, Mastercard, Visa, American Express, and Care Credit. I have read and understand the above statements and agree to all terms therein.

_____ I give my permission for Aztec Animal Hospital to use my image, my pet's image, and/or my pet's name on all social media sites and the clinic's website.

_____ I give Aztec Animal Hospital the authority to request records for my pet(s) at previously utilized veterinary clinics and/or hospitals.

Signature

Date