

**Cross Winds Animal Clinic**  
67 S. Higley Road #108, Gilbert, AZ 85296

**Client Information**

Client Code and Start Date (we will enter) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt/Lot/Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Email Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_

May we send you information by Email? Yes No

**How Did You Hear About Us**

Referred By: \_\_\_\_\_

Online From:     Google     Yelp     Facebook     Bing     Yahoo     Angies List  
                   Kudzu     Other: \_\_\_\_\_

Drive By:         Saw when visiting another business here     Saw From Road

**Patient Information**

Name \_\_\_\_\_ Canine Feline Other \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male Female Spayed Neutered

Rabies Tag No. (if known) \_\_\_\_\_ Microchip No. (if applicable) \_\_\_\_\_

Known Allergies? \_\_\_\_\_

Name \_\_\_\_\_ Canine Feline Other \_\_\_\_\_ Age/DOB \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Male Female Spayed Neutered

Rabies Tag No. (if known) \_\_\_\_\_ Microchip No. (if applicable) \_\_\_\_\_

Known Allergies? \_\_\_\_\_

**FINANCIAL RESPONSIBILITY STATEMENT**

I state that I am responsible for the care of this pet and accept total responsibility for the financial payment of work done on my pet, whether I bring my pet in or someone else does this for me. Payment is due at the time services are rendered. I further agree to pay all finance charges, collection costs, attorneys' fees and any other costs that may be incurred to enforce collection of any outstanding amount.

Place of Employment \_\_\_\_\_ Spouse's \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Let us copy your pet's vaccination and health records. We will return your copies. Thanks.**