



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 Quartz Mountain 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 Quartz Mountain Animal Hospital the authority to request records for my pet(s) at previously utilized veterinary clinics and/or hospitals.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date