



Raintree Pet Resort + Medical Center

8215 E Raintree Dr
 Scottsdale, AZ 85260-2515
 480-991-3371
<http://www.raintreepet.com/>

New Client Registration

Client Information

Driver's License #:

Name:			
Address:			
City, State, ZIP:		County:	
Phones:	Home:	Work:	
	Cell:	Fax:	
E-Mail:	Home:	Reminder:	<input type="checkbox"/> Mail <input type="checkbox"/> Phone
	Work:		<input type="checkbox"/> E-Mail <input type="checkbox"/> None
Employer:			

Patient Information

	Pet #1	Pet #2	Pet #3	Pet #4
Name:				
Breed:				
Date of Birth:				
Color:				
Sex: spayed or neutered:				
Previous heartworm test/prevention?				
Previous FeLV/FIV test?				

Vaccine History

Rabies

DA2PP

Bordetella

Canine:	Last given:			
	Next due:			

Rabies

FVRCP

FeLV

Feline:	Last given:			
	Next due:			

Previous Illness:		When?	
Visit Reason:			

Account Information

Responsible Party for Account:	
Address if other than above:	
Referred By: If personal recommendation, who may we	
<input type="checkbox"/> Pet Resort Client <input type="checkbox"/> Personal Recommendation <input type="checkbox"/> Sign <input type="checkbox"/> Mailer <input type="checkbox"/> Internet <input type="checkbox"/> Other	

I have reviewed the information on this form and it is accurate to the best of my knowledge. I agree to be the financially responsible party and understand that all fees are due at the time services are rendered. I understand that if my account becomes delinquent, my information may be released to a third party collection agency and I will be responsible for all additional costs. All images taken at Raintree Pet Resort + Medical Center are the property of the afore mentioned entity and may be used for promotional purposes. I consent to the use of periodic appointment reminders, phone calls, voice mails, emails, postcards or letters. I have read and accepted all of the above.

Signature

Date