



Anasazi Animal Clinic, Inc.
425 W. Guadalupe Rd., Suite 112
Gilbert, AZ 85233
480.497.0505 * AnasaziVet.com

Debra A. Nossaman, DVM
Gloriana L. Halterman, DVM and Laura J. Diltz, DVM
Lisa Elliott, CVT * Polaris Nevares, CVT

Client Information

Welcome to Anasazi! Please complete the following Client Information and Patient Medical History form and bring it with you at the time of initial visit.

Date					
Owner's Name			Spouse/Other		
Children (first name & ages)					
Address			State	Zip	
Home Phone	Work Phone		Mobile Phone		
E-mail Address					
Employer's Name & Address					
Spouse/Other Employer's Name & Address					
The policy of Anasazi Animal Clinic, Inc. is to provide an estimate of charges for any case where in-hospital treatment, surgery or hospitalization will be provided. Please feel free to discuss any fees prior to services rendered.					
All charges are due and payable upon services rendered.					
Method of Payment					
Cash	Check	Credit Card	ATM/Debit Card		
Credit Card Acct Number			Expires		
ATM/Debit Card Acct Number			Expires		
Signature					
Social Security #		Driver's License State		Driver's License #	
I chose Anasazi Animal Clinic, Inc. over others in the area because:					
How did you first become aware of our clinic?					
Personal recommendation – whom should we thank?		Anasazi Website	Dexonline	Yellow Pages	Previous Client
Emergency Hospital or other Veterinarian		Animal Care & Control	Drove by	Pet Store	Other

Patient Medical History

	PET #1	PET #1	PET #1
Name			
Species (cat, dog, other)			
Breed			
Description (color or markings)			
Age (years) and Date of Birth			
Sex			
Altered or Spayed			
Vitamins (type)			
Diet (kind of pet food)			
VACCINATIONS			
DA2PPV (distemper/parvovirus - dog)			
FVRCP (infectious diseases – cat)			
FIV/FelV (cat)			
Feline Leukemia Test			
Rabies (dog/cat)			
Other Vaccines			
Heartworm Test			
Heartworm Prevention (products)			
Fecal Exam (Parasites, worms - dog/cat)			
Deworming (Parasites, worms - dog/cat)			
Dentistry			
Prior Illness			
Prior Surgery			
Name of previous veterinary clinic & phone #			
Special diets, medications, illnesses, allergies or surgeries? If yes, please explain:			

“Your Healthcare Partner”

