Hopi Animal Hospital
5533 E Bell Road Scottsdale, AZ 85254
602-494-4674

Welcome! We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions, we will be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Name: _____ Driver's License #: _____
Last First M.I

Address: _____
Street Apt# City State Zip

Primary Phone: _____ Additional Phone: _____

Employer: _____ Occupation: _____ Phone: _____

Email: _____ **(Please include to receive pet reminders through our PetDesk App)**

Emergency Contact or Spouse: _____ Phone: _____

How did you learn about our practice? _____

Pet Information

Name: _____ Dog _____ Cat _____ Other _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Male _____ Female _____ Neutered/Spayed? YES/NO If yes, at what age? _____

Dog: DA2PPV (or similar combo) (date): _____ Bordetella (date): _____ Rabies (date): _____

Cat: FVRCP (or similar combo) (date): _____ FELV (date): _____ Rabies (date): _____

Dental (date): _____ Prior Illness/Surgery: _____ Diet Fed: _____

Where did you obtain pet? _____ For what purpose was pet obtained? Companionship / Protection / Breeding / Show

Prior Veterinarian/Name of Clinic: _____ Phone # _____

Would you like us to contact for records? Y / N

(Additional Pet)

Name: _____ Dog _____ Cat _____ Other _____ Breed: _____ Color: _____

Date of Birth/Age: _____ Male _____ Female _____ Neutered/Spayed? YES/NO If yes, at what age? _____

Dog: DA2PPV (or similar combo) (date): _____ Bordetella (date): _____ Rabies (date): _____

Cat: FVRCP (or similar combo) (date): _____ FELV (date): _____ Rabies (date): _____

Dental (date): _____ Prior Illness/Surgery: _____ Diet Fed: _____

Where did you obtain pet? _____ For what purpose was pet obtained? Companionship / Protection / Breeding / Show

Prior Veterinarian/Name of Clinic: _____ Phone # _____

Would you like us to contact for records? Y / N

** To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. All canines over the age of 4 months must have a current Rabies vaccine per Maricopa County.
Hopi AH reserves the right to use any photographs taken in the hospital for social media and/or marketing purposes.
Hopi AH does not offer billing or accept checks. Payment is due when services are rendered.

By signing below you agree to the above terms and certify that you are the owner and/or agent of the above animal(s) and have authorization to consent to treatment by the representatives of Hopi Animal Hospital if and when it is needed.

Signature of Responsible Party: _____ **Date:** _____

For Office Use: Info entered: _____ Called for records/Copied records: _____ Previous Vx entered: _____ Sent PetDesk Link: _____

Thank you for referral credit applied/ Thank you card mailed: _____