



3954 South Pacific Highway, Medford, OR 97501

www.phoenixanimalhospital.com

(541) 535-6923

phoenixanimalhospital@gmail.com

CLIENT INFORMATION FORM

Date: _____

Client Name: _____

Mailing Address: _____

Street Address: _____ Apt or SP#: _____

City: _____ State: _____ Zip Code: _____

Home Phone : _____ Work/Cell: _____

Employer: _____ Start Date/Duration: _____

Emergency Contact Name and Number: _____

Email Address: _____

Referred By: _____

PET INFORMATION

Name: _____ Breed: _____ Date of Birth: _____

Dog: _____ Cat: _____ Other: _____

Sex: _____ Neutered: _____

Color: _____ Distinguishing Marks or I.D. _____

DATE OF LAST VACCINES

DHLPP _____ Rabies _____ Bordetella _____

Lyme _____ Heartworm Test _____ FVRCP _____

Leukemia _____ FIV _____ FeLV/FIV Test _____

Method of Payment: Cash _____ Check _____ Debit Card _____ Care Credit _____

