



**Dreaming Summit Animal Hospital**  
**"Where Pets are Treated Like Family!"**  
**Dr. Matthew Hillebrand, DVM**  
**Dr. Derek Bower, DVM**  
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[www.dreamingsummitah.com](http://www.dreamingsummitah.com)

**New Client/Pet Form & Financial Policy**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# (home): \_\_\_\_\_ (cell): \_\_\_\_\_ Spouse's (cell): \_\_\_\_\_

Phone# where we can contact you at all times: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of employment: \_\_\_\_\_

SSN#: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email address: \_\_\_\_\_

<b>INFORMATION NEEDED</b>	<b>Pet #1</b>	<b>Pet #2</b>	<b>Pet #3</b>
<b>NAME OF YOUR PET(S)</b> →			
<b>DOG / CAT / OTHER</b> →			
<b>BREED</b> →			
<b>DATE OF BIRTH OR AGE</b> →			
<b>COLOR</b> →			
<b>SEX: M/F NEUTERED(N)/ SPAYED(S)</b> →			
<b>DATE OF LAST VACCINES</b> →			

Previous Veterinary Clinic: \_\_\_\_\_

Please list any medications or supplements your pet is currently being given: \_\_\_\_\_

Please list any pertinent medical history: \_\_\_\_\_

Please list any allergies your pet has to medication: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE THAT PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED.**  
 We accept Visa, MasterCard, American Express, Discover Card, Debit or Cash – SORRY - NO CHECKS ACCEPTED.

**A MINIMUM OF 50% OF THE ESTIMATE IS REQUIRED AS A DEPOSIT AT THE TIME OF ADMISSION FOR ALL MAJOR SURGERY / HOSPITALIZATION AND EMERGENCIES.**

**A \$25.00 CHARGE WILL BE ACCESSED TO ALL "NO CALL, NO SHOW" APPOINTMENTS.**

I have read and agree to the terms of the financial policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_