



Dreaming Summit Animal Hospital
"Where Pets are Treated Like Family!"

Dr. Matthew Hillebrand, DVM

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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#: _____

Email address: _____

SSN#: _____ Driver's License#: _____

Place of employment: _____

Why did you choose Dreaming Summit Animal Hospital? _____

If via internet, what site? _____

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

Previous Veterinary Clinic: _____

I HEREBY ACKNOWLEDGE THAT PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED.

We accept Visa, MasterCard, American Express, Discover Card, Care Credit 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 FEE WILL BE CHARGED TO ALL "NO CALL, NO SHOW" APPOINTMENTS.

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

Signature: _____ Date: _____