

**BRIARCREST VETERINARY CARE CENTER
7313 E TANQUE VERDE RD
TUCSON, ARIZONA 85715
520-298-4123**

Date _____

Name _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Home # _____ Work # _____ Other # _____
E-Mail Address _____ Would you like to be
contacted by email for your pet's test results and other information? yes no (circle one)

Place of Employment _____ Spouse's Employment _____
Name of person who normally brings pets in _____
Best time to reach you by phone _____

Please indicate payment choice (all fees are due at the time services are rendered).
__Cash/Check __Visa/Mastercard __Discover __American Express

How did you become aware of our clinic? __Location __Yellow Pages __Previous Client __Internet
Personal recommendation (whom we may thank?) _____

PATIENT INFORMATION #1

Pet's Name _____
Breed _____
Date of Birth _____
Color _____
Sex; spayed or neutered? _____

VACCINATION HISTORY (DOG)

Rabies _____
DAPLCPVCV _____
Bordetella _____
Leptospirosis _____
Heartworm Test/Prevention _____
Fecal _____

VACCINATION HISTORY (CAT)

Rabies _____
PCVR (Dist/Rhino/Chlamydia) _____
Leukemia _____
Feline Leukemia/FIV Test _____
Fecal _____

PATIENT INFORMATION #2

Pet's Name _____
Breed _____
Date of Birth _____
Color _____
Sex; spayed or neutered? _____

VACCINATION HISTORY (DOG)

Rabies _____
DAPLCPVCV _____
Bordetella _____
Leptospirosis _____
Heartworm Test/Prevention _____
Fecal _____

VACCINATION HISTORY (CAT)

Rabies _____
PCVR (Dist/Rhino/Chlamydia) _____
Leukemia _____
Feline Leukemia/FIV Test _____
Fecal _____

Our pet(s) are: __Member of our family __Childs Pet __Backyard Pet
Any previous illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet on any special medications or diets? _____

Do you have pet insurance for your pets? yes/ no
If yes, which pet insurance carrier do you have? _____

PET SERVICES TODAY AND NO PAYMENT REQUIRED!! (ask our Receptionists for details about
CareCredit- INTEREST FREE FINANCING) 8/2018