

Chandler Small Animal Clinic  
1286. W Chandler Blvd.  
Chandler, AZ 85224

Phone: 480-963-3003  
Fax: 480-899-0705  
[petcare@csacvet.com](mailto:petcare@csacvet.com)

**CLIENT REGISTRATION FORM**

Referred by:  Drive By  FB Ad  Client: \_\_\_\_\_  Online: \_\_\_\_\_

Client: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt/Unit#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Alternative: \_\_\_\_\_

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

Pet(s)

**To ensure the safety of our staff, we require proof of up to date rabies for ALL services. Exotic pets are exempt.**

Pet #1: Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F/M Spayed / Neutered  
Prior Vet: \_\_\_\_\_  
Other Info (Surgeries, allergies, meds): \_\_\_\_\_

Pet #2: Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F/M Spayed / Neutered  
Prior Vet: \_\_\_\_\_  
Other Info (Surgeries, allergies, meds): \_\_\_\_\_

Pet #3: Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
Color: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: F/M Spayed / Neutered  
Prior Vet: \_\_\_\_\_  
Other Info (Surgeries, allergies, meds): \_\_\_\_\_

**We Accept:**

\* CASH \* CHECK \* MASTERCARD \* VISA \* AMEX \* DISCOVER \* SCRATCH PAY \*

\*\*Payment due when services are rendered\*\*

**WE DO NOT ACCEPT CARE CREDIT OR OFFER PAYMENT PLANS**

**Authorization to Treat and Bill**

By signing this form, I hereby release this information for the use of Chandler Small Animal Clinic (CSAC) and confirm it is correct to the best of my knowledge. I give consent for the above pet(s) to be treated by CSAC. I authorize payment of medical benefits to CSAC for services provided by CSAC.

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

Print Name: \_\_\_\_\_

We take pride in our patients and the care that we give them. So, we love to show off our patients! This includes displaying pictures or videos on our websites and any other promotional/ educational material. In doing so, we do not release any personal client information. Please initial below if you give us permission to display your pet(s).

Yes \_\_\_\_\_

No \_\_\_\_\_