



ANIMAL EMERGENCY AND SPECIALTY CENTER OF NORTHWEST ARKANSAS

881 Animal Emergency Dr. Springdale, AR 72762 – (479) 927-0007

Client/Owner Information

Primary Contact Full Name: _____

Primary Contact Phone Number: _____

Physical Street Address: _____

City/State/Zip: _____

Email: _____

(We will not send spam/promotional emails, this is only regarding your pet's medical records.)

Secondary Contact Name & Phone Number (If Applicable): _____

Pet Information

Current Veterinary Clinic: _____

Pet's Name: _____ Species: Dog // Cat

Age: _____ Breed: _____ Color: _____

Gender: (Circle One) Female: Spayed / Not Spayed Male: Neutered / Not Neutered

(Our clinic may share photos and stories of our patients on social media for educational and celebratory purposes. If you prefer not to have your pet featured, kindly let us know.)

Owner Signature

By signing below, you agree to the following:

- You are 18 years of age or older.
- You understand payment is ***due in full at the time services are rendered.***
- You understand paying the exam fee of \$155 is required for the care of your pet.

X _____ X _____

Owner's Signature

Date