



Prescott Animal Hospital Equine Center Referral Form

2611 Avenger Rd. Prescott AZ 86301

pahequine@cableone.net

P: (928) 776-7669 F:(928) 442- 2497

Client Information

Owner Name: _____, _____
Last First

Address: _____
Street

City State Zip Code

Home Telephone: (____) _____ - _____

Cell Telephone: (____) - _____ - _____

Email Address: _____

Patient Information

Patient Name: _____

Species: _____

Age: _____ Sex: _____

Referring Veterinarian / Clinic Information

Veterinarians Name: _____, _____
Last First

Address: _____
Street City State Zip

Office Telephone: (____) _____ - _____ Fax Number: (____) - _____ - _____

Cell Telephone: (____) - _____ - _____ Email Address: _____

Patient Case History

Clinical Diagnosis or Reason for Referral:

Pertinent History:

Pertinent Lab Results:

Current Medication / Treatment (Include dosage and frequency) :

Vaccination Status:

Financial Policy

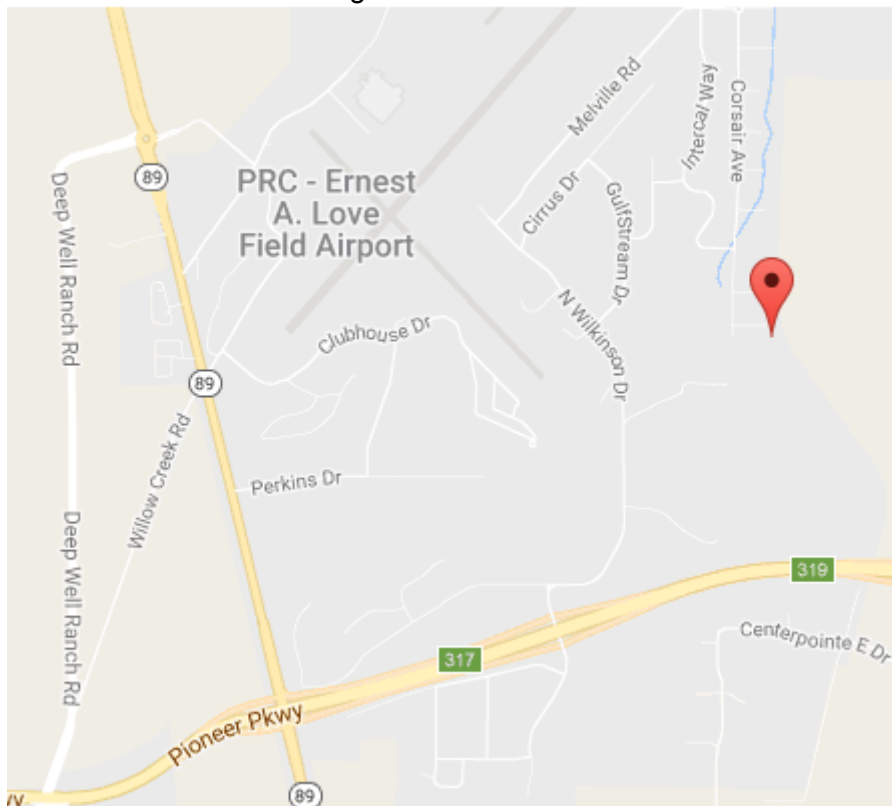
At Prescott Animal Hospital providing exceptional patient care is a priority, in order to continue to provide this we must implement a strict financial policy.

1. An estimate will be provided to the client prior to any procedures. At that time it is expected for the client to place down a deposit of **half of the high end of the estimate**.
2. The remaining amount of the balance due will need to be paid in full at the time of discharge.
3. Payment can be made via Check, Cash, Care Credit, Visa, MasterCard, Discover or American Express.

For any questions regarding the financial policy please call : (928)776-7669

Directions

2611 Avenger Rd. Prescott AZ 86301



From AZ-89A exit at Larry Caldwell Rd. and head north on Larry Caldwell Dr. to the "T".

Turn right onto N. Wilkinson Dr. and then turn right onto Melville to the traffic circle, and then take the first exit onto Corsair Ave.

Continue on Corsair Ave and then turn left onto Avenger.