

# Pet Health Pharmacy

## Customer Information Form

Pet Health Pharmacy recognizes the importance of keeping your customer information up to date so that our staff can provide you the best quality service and care. Please complete this form and return to Pet Health Pharmacy. This form is also available online at [pethealthpharmacy.com](http://pethealthpharmacy.com). Be assured that this information will remain confidential.

Pet's Name: \_\_\_\_\_

Pet's Date of Birth: \_\_\_\_\_ Pet's Gender: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
First M.I. Last

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_

Driver's License Numer: \_\_\_\_\_  
(Required by law in some states)

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Health Information

Please fill in the pertinent information regarding your pet's current health condition to ensure quality service and care.

Pet Weight: \_\_\_\_\_

Allergies: \_\_\_\_\_

Conditions (e.g., Heart Disease, Diabetes, etc.): \_\_\_\_\_

\_\_\_\_\_

Other Medications and/or Supplements: \_\_\_\_\_

\_\_\_\_\_

(Over)

12012 N. 111th Avenue | Youngtown, AZ 85363  
Ph: 800.742.0516 | Fx: 866.373.0030  
[info@pethealthpharmacy.com](mailto:info@pethealthpharmacy.com) | [pethealthpharmacy.com](http://pethealthpharmacy.com)

## Non-Safety Cap Option

Pet Health Pharmacy requires a signature to have non-safety caps placed directly on all of your prescription vial(s).

*(You may change your mind about the use of such packaging at any time. Please contact the pharmacy should your packaging preference change.)*

Yes, I would like a non-safety cap placed on **ALL** of my prescription vials.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)

### *Additional Services*

#### Automatic Mail Service / Auto Ship

- At your request, we can send your refills automatically. Please contact a pharmacy technician for more details.

#### Refill Services

- Online Prescription Refills – [pethealthpharmacy.com](http://pethealthpharmacy.com)

#### Credit Card on File

- Payment is required at the time of the order. We offer a convenient payment plan. Just complete the information below and we will retain this information on your file.
- When you or your practitioner requests an order, your Debit/Credit Card will automatically be charged.

MasterCard  Visa  American Express  Discover

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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



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