



PATIENT & CLIENT INFORMATION FORM

Thank you for the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

| | | |
|---|---|-----------------|
| Owner: | Co-Owner: | |
| Street Address: | | |
| City: | State: | Zip: |
| Owner's Primary Phone: | Co-Owner's Primary Phone: | |
| Owner's Secondary Phone: | Co-Owner's Secondary Phone: | |
| Owner's E-mail: | Co-Owner's E-mail: | |
| Other Authorized Contacts: <i>(the persons below will be added to your account and will have access to your pet's medical information.)</i> | | |
| Name: | <input type="checkbox"/> Pet Sitter <input type="checkbox"/> Friend <input type="checkbox"/> Family | - Phone: |
| Name: | <input type="checkbox"/> Pet Sitter <input type="checkbox"/> Friend <input type="checkbox"/> Family | - Phone: |
| Name: | <input type="checkbox"/> Pet Sitter <input type="checkbox"/> Friend <input type="checkbox"/> Family | - Phone: |
| Primary Care Veterinarian Name: | | |
| Clinic Name: | | |
| Referring Veterinarian Name (if different from above): | | |
| Clinic Name: | | |
| Patient Name: | <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: | |
| Breed: | Color: | Age/Birth Date: |
| Sex: <input type="checkbox"/> M <input type="checkbox"/> F | Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for Visit: | | |
| List any Known Drug Allergies: | | |

I authorize and direct the veterinarians at Desert Veterinary Medical Specialists to examine, diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate for the patient's care and well-being. No warranty or guarantee has been made as to the result or cure.

ALL FEES ARE REQUIRED TO BE PAID IN FULL UPON COMPLETION OF THE VISIT.

We accept cash, all major credit cards, GE CareCredit, and check. **A driver's license and social security number is REQUIRED if you plan to pay by check. If you choose not to disclose this information, only cash or credit card will be accepted.** There will be a service charge for any returned checks. A deposit is required at the time of admission and the balance paid in full at discharge. If you have any questions about the fees or the financial policy, please alert a front desk staff member before services are performed. Accounts not paid within 30 days are subject to an interest finance charge. In the event any balance due is not paid as agreed, the undersigned jointly and severally agrees to pay all costs included in the unpaid balance, including a reasonable collection and/or attorneys' fees.

Arizona Veterinary Specialists is comprised of multiple practices within the building. Charges that are assessed for your pet will be billed separately through each appropriate practice. If you have any questions, please be sure to ask one of our front desk staff members.

Signature of Responsible Party *(Must be over 18 years old):*

Date: