

Arizona Veterinary Oncology, PLLC
Owner Information Form

Thank you for giving the veterinarians and staff at Arizona Veterinary Oncology the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

Owner: _____ Spouse/Partner: _____

Address: _____ City: _____ State: _____ Zip: _____

Owner Information:

Spouse/Partner Information:

Primary Phone: _____ (Hm Wk Cell other)

Primary Phone: _____ (Hm Wk Cell other)

Secondary Phone: _____ (Hm Wk Cell other)

Secondary Phone: _____ (Hm Wk Cell other)

E-mail Address: _____

E-mail Address: _____

(The persons listed below will be added to your account and have access to your pet's medical information)

Other Permissible Contacts: _____ Pet Sitter/ Friend/ Other Family Phone No. _____
_____ Pet Sitter/ Friend/ Other Family Phone No. _____
_____ Pet Sitter/ Friend/ Other Family Phone No. _____

Primary Care Veterinarian

Doctor's Name: _____ Clinic Name: _____

Referring Veterinarian (if different from above)

Doctor's Name: _____ Clinic Name: _____

PET INFORMATION

Patient Name: _____ Dog ___ Cat ___ Other ___ Breed: _____

Color: _____ Please circle one: Male/Intact Male/Neutered Female/Spayed Female/Intact

DOB (or approximate age): _____ Reason for visit? _____

List any known drug allergies _____

I authorize and direct the veterinarians at Arizona Veterinary Oncology 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 Care Credit, and checks with the required identification. 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 Specialty Center, Scottsdale Veterinary Specialty Center, and MWU Companion Animal Clinic are comprised of multiple practices within the building. Charges that are assessed for your pet will be billed through each appropriate practice if applicable. If you have any questions, please be sure to ask one of our front desk staff members.

Signature of Responsible Party: _____ **Date:** _____

(Must be over 18 years of age)