

Arizona Veterinary Specialists, LLC

Owner Information Form

- Arizona Veterinary Oncology, PLLC
- PetCure Oncology, PLLC

- Desert Veterinary Medical Specialists
- Southwest Veterinary Surgical Service, P.C.

Thank you for the opportunity to care for your pet. Please complete the following information.

Owner: _____

Co-Owner: _____

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

Owner Information:

Co-Owner Information:

Primary Phone: _____ (Hm Wk Cell Other)

Primary Phone: _____ (Hm Wk Cell Other)

Do we have authorization to send text messages? YES NO

Do we have authorization to send text messages? YES NO

Secondary Phone: _____ (Hm Wk Cell Other)

Secondary Phone: _____ (Hm Wk Cell Other)

E-mail Address: _____

E-mail Address: _____

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

_____ Pet Sitter/ Friend/ Other Family Phone No. _____

_____ Pet Sitter/ Friend/ Other Family Phone No. _____

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

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, PLLC, Desert Veterinary Medical Specialists, and Southwest Veterinary Surgical Service, P.C. 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 check. **A driver's license 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 Specialty Center 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: _____

Date: _____

(Must be over 18 years of age)