



**SOUTHERN ARIZONA VETERINARY
SPECIALTY & EMERGENCY CENTER**

DATE:

TIME:

CLIENT #:

Owner Name:

Spouse/Co-owner:

Address:

Apt./Space #

City, State:

Zip Code:

Primary Phone:

Secondary Phone :

Pet's name:

Canine Feline Other

Breed:

Color:

Age:

Male Neutered Female Spayed

Who is your regular veterinarian?

Employer:

Active Military? Yes No

Email:

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for **all charges** incurred in the care of this animal. Any estimate presented is only an **approximate** of the final bill. I also understand that these charges will be paid at the time of release, a deposit may be required for medical or surgical treatment and a monthly billing fee of \$10.00 will be applied to all accounts with balances over 30 days.

Signature of Owner: _____ Date: _____

Please return this page to the front desk before completing the next page

(This section is for official use only)

Entering CSR initials:

Entering Technician initials:

(520) 888-3177 Fax (520) 408-0900

(520) 888-3177 Fax (520) 886-2436



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DATE:

TIME:

Client #:

Where does the pet primarily stay? () Strictly Indoor () Strictly Outdoor () Both Indoor and Outdoor

Has your pet traveled outside of Arizona? () Yes () No If, Yes where:

Current on Vaccinations?

Yes

No

Is your pet allergic to any medications?

Yes

No

No Known Allergies

If yes, please list:

Current medications:

Previous medical problems:

Reason for visit:

Social Media Photo Request:

I grant Southern Arizona Veterinary Specialty and Emergency Center, its representatives and employees the right to take photographs of my pet. I authorize Southern Arizona Veterinary Specialty and Emergency Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Southern Arizona Veterinary Specialty and Emergency Center may use such photographs of my pet with or without my name, or the pets name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. If for any reason I choose to have the photo removed I will provide a written statement requesting that they remove it.

I have read and understand the above:

Printed name of Owner: _____

Signature of Owner: _____ Date: _____

(This section is for official use only)

Attending Doctor name:

Attending Technician name: