



Veterinary Emergency and Specialty Center of Northern Arizona

1359 E. Butler Ave. Flagstaff, AZ 86001
Phone: (928) 779-5522 Fax: (928) 286-5136
Email: info@nazpetemergency.com

Client/Pet Information Form

Today's date: _____ Arrival time: _____

Pet name: _____ DOB: _____ Age: _____ y Sex: M F S N

Canine Feline Other Breed _____ Color: _____

Owner Name: _____ Spouse Name: _____

Address: _____

Responsible Party (if other than owner): _____

1ry Phone #: _____ 2ry Phone #: _____ 3ry Phone #: _____

E-mail: _____ Family Veterinarian: _____

Have you been to our clinic before? Yes No If "No", how did you hear about us? _____

Reason for visit: _____

Previous or current major illnesses/surgeries: _____

Known allergies: _____

E-mail: _____ Family Veterinarian: _____

Current medications: _____ Last Given: _____

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Treatment Authorization and information/Photo Release

I, the undersigned owner or agent of the pet identified above, certify that I am eighteen years of age or older and I am the owner, or agent of the owner, of the above described pet and have the authority to execute the consent. I authorize Veterinary Emergency & Specialty Center of Northern Arizona to examine and perform any medical and initial diagnostic/surgical treatments necessary for my pet. I understand that I may cancel treatment at any time before being performed by contacting the doctors and/or assistants.

We are leaders and teachers in the veterinary medical field and often share your pet's information. The information shared may be in form of photos, forms, lab results, etc. These items are used for continuing education, web sites, veterinary literature, and all things alike. Patient confidentiality will be maintained (names withheld). I hereby release this information for these purposes.

Financial Policy

All payments are due at the time of service. If your pet requires hospitalization, an estimate will be presented and a deposit required. Upon discharge of your pet the remaining balance will need to be paid in full. We accept credit cards, Care Credit, cash, and check (with Driver's License).

HOW DO YOU PLAN TO PAY TODAY? _____

I HEREBY UNDERSTAND AND AGREE TO ALL THE ABOVE INFORMATION

Owner Name: _____ Signature: _____

Date _____