

ARIZONA VETERINARY SPECIALISTS
Arizona Veterinary Internal Medicine, PLLC
Arizona Veterinary Imaging, PLLC
Cardiology Department

Thank you for giving Arizona Veterinary Specialists the opportunity to care for your dog. So that we may become better acquainted, please complete the following.

Owner: #1 _____ Owner: #2 _____
Address _____ City _____ State _____
Zip _____ HomePhone: _____ Cell/Pager# _____

DOG INFORMATION

Please complete the following for the dog we are seeing today.

Dog's Name: _____ Breed: _____ DOB: _____
Sex: _____ Altered: _____ Color: _____

I authorize and direct the veterinarians at ARIZONA VETERINARY SPECIALISTS to diagnose, prescribe, perform therapeutic procedures, that their judgment may dictate to be advisable for the patient's 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 BY CASH OR CHECK (with appropriate identification) ONLY.

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost included in the unpaid balance, including a reasonable collection and /or attorneys' fees.

Signature of Owner: _____ Date: _____

DOCTORS NOTES ONLY: