



Owner Information Form

Thank you for the opportunity to care for your pet. So that we may become better acquainted, please complete the following information.

The experts in compassionate care.

Owner _____ E-mail Address: _____

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

Primary Phone: _____ (Hm Wk Cell Other)

Secondary Phone: _____ (Hm Wk Cell Other)

Other Permissible Contacts:

Name: _____ Family Friend/Pet Sitter Phone _____

Name: _____ Family Friend/Pet Sitter Phone _____

Name: _____ Family Friend/Pet Sitter Phone _____

(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 Cat Other Breed: _____

Color: _____ Male Neutered Female Spayed

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

List any known drug allergies _____

I authorize and direct the veterinarians at Desert Veterinary Medical Specialists 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)



Release of Information for Media or Website Publication

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Patient:
Owner:
Species:
Breed:

Desert Veterinary Medical Specialists would love to share your pet's story and educate you, your friends, your family, and the community about our company, the conditions that we diagnose, treat and conquer. We would like you to give us permission to release portions of your pet's medical history, personal recollections, radiographs, photographs, videotape images, and to use photographs or copies of letters, cards, or other gifts.

Your pet's information and photos may be used on a television or radio program, in the print media, in educational lectures, on a brochure or on the website and all social media outlets of Desert Veterinary Medical Specialists and/or Arizona Veterinary Specialty Center for public education and marketing purposes.

We hope that you will follow us on our social media sites and post pictures and stories of your own.

I, the undersigned, authorize to use my pet's information as outlined above.

Owner's Signature

Date

I am over 21 years of age. YES _____ or NO _____

We also would like to be able to communicate with you via email. If you would like to receive information from us, please let us know the best email address to use.

Email address(es)

Welcome to DVMS we are happy to have the opportunity to help you. Please read the following helpful hints to make your visit and experience the best that it can be.



DESERT
VETERINARY
MEDICAL
SPECIALISTS

The experts in compassionate care.

Please read and initial after each statement.

- **First and foremost please know that your pet's health and comfort is our primary concern. You are welcome to call at any time with questions or concerns. We look forward to helping you care for your pet. Emergencies may delay your appointment. We apologize for any inconvenience and ask for your understanding.**
- **For prescription refills filled through our pharmacy please give us at least 24 hours notice. Refills requested Friday may not be filled until the following Monday. Any special orders need to be requested at least one week in advance. If your pet's prescription is filled through an outside pharmacy you should contact them first for refills, and they will contact us with questions or changes. We do not have the ability to refill any medications on the weekend.**
- **Arizona Veterinary Emergency and Critical Care and other practices in the building are separate businesses and they do not have access to our pharmacy or our records. They will assist you any way they can but cannot fill medications for your pet on weekends or holidays.**
- **All orders for pet food need to be placed by Friday, as we receive our food deliveries on either Wednesday or Thursday. We ask you to call first so that we may have your order ready. We keep only a limited food supply on hand. If you do not live in the area, or wish to have food delivered to you we suggest using Petfooddirect.com. We can provide you with written prescriptions for food if needed.**
- **Lab results can take 2-10 days depending on the test that has been run. Some tests can take longer than others for final results. A technician will contact you when the final results have been received by our office and reviewed by the doctor. Fungal cultures can take up to 3 weeks for final results. We know that waiting for tests results can be stressful. Please be assured that we will call as soon as we have the results. If you are expecting a call and have not heard from us in a timely manner do not hesitate to contact us. You may realize sooner than us that there has been a delay at the lab.**

If you have any questions regarding this form, please do not hesitate to ask. Thank you.