

Arizona Veterinary Oncology, PLLC  
PetCure Oncology, PLLC

Owner Information Form

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

Owner: \_\_\_\_\_ Co- Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Owner Information:**

Primary Phone: \_\_\_\_\_ (Hm Wk Cell Other)

Can we send you text reminders? \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ (Hm Wk Cell Other)

E-mail Address: \_\_\_\_\_

**Co-Owner Information:**

Primary Phone: \_\_\_\_\_ (Hm Wk Cell Other)

Can we send you text reminders? \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ (Hm Wk Cell Other)

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 \_\_\_\_\_ Pet Insurance Provider? \_\_\_\_\_

I authorize and direct the veterinarians at Arizona Veterinary Oncology, PLLC 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 checks. **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:** \_\_\_\_\_

(Must be over 18 years of age)

**Date:** \_\_\_\_\_

How did you hear about us? Please circle all the apply.

Radio Social Media Website Community Event AzVMA Publication Family Veterinarian Search Engine Call Center Friend/Family