

Casa Grande Animal Hospital

Phone (520) 836-5979 • Fax (520) 836-0391

1645 North Pinal Avenue • Casa Grande, Arizona 85122

casagrande@nvanet.com

Thank you for giving Casa Grande Animal Hospital the opportunity to care for your pet.

To allow both persons listed to receive information on pet(s) or to be listed on record, proper I.D. will be required.

Owner(s) _____
First Name Last Name First Name Last Name

If you would like to add a co-owner to record at later date when they are able to come in- Their name: _____

Driver's License: **Your picture required for file** _____ Driver's License: **Your picture required for file** _____

Mailing Address _____
Apt/Lot# City State Zip

Physical Address _____
Apt/Lot# City State Zip

Cell Phone _____ Home Phone _____ Spouse's Cell _____

Work Phone _____ Spouse's Work Phone _____

Place Of Employment _____ Spouse's Employer _____

Email Address _____ Emergency Phone No. _____

How did you become aware of our hospital? 1.) Yellow Pages 2.) Hospital Sign 3.) Internet
4.) Veterinary Referral 5.) Personal Recommendation _____ (Who May We Thank?)

CONSENT FOR EXAM, TREATMENT AND/OR SURGERY

I authorize and direct the veterinarians at Casa Grande Animal Hospital to diagnose, prescribe, perform therapeutic procedures, and/or surgery that, in their judgement, 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. A DEPOSIT IS REQUIRED IF YOUR PET IS BEING HOSPITALIZED.

Please indicate method of payment

Cash Debit Credit Card

We no longer accept checks

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all costs included in said unpaid balance, including collection and/or attorney's fees. A monthly billing fee of \$4.00 and a finance charge of 2% monthly will be added.

There will be a fee for all copied records. Allow 72 hours.

The staff of the Casa Grande Animal Hospital is not on the premise 24 hours a day.

Pet 1

Pet 2

Pet 3

Pet 4

Pet Name				
Breed				
Color				
Date Of Birth				
Sex	Male/ Female	Male/ Female	Male/ Female	Male/ Female
Spayed or Neutered	Yes/ No	Yes/ No	Yes/ No	Yes/ No
Microchipped?				

Signature of owner **X** _____ Date _____

Signature of owner **X** _____ Date _____

(If both owners listed, both owners to sign)

TURN OVER

CASA GRANDE ANIMAL HOSPITAL™

Memo of Understanding

Effective 4/1/13 please be advised that the following policies will be in effect in regards to patient ownership. In order for two owners to be placed on the medical record, signatures must be obtained by **both owners**. In the event that ownership changes (ie: transfer of ownership, divorce, or separation), both parties must sign a "Change in Ownership" form and show proper identification to Casa Grande Animal Hospital. Once the signatures are obtained, ownership changes will take place.

Owners listed in the "New Client Form" with authorized signatures are responsible for payment, and are authorized to make medical decisions for the pet. An agent can be listed on the account. An "agent" is defined by Casa Grande Animal Hospital as "one who is able to make medical decisions, and one who is authorized to obtain medical information about the pet(s), but do not hold financial responsibility."

Owner: _____ Signature: _____

Owner: _____ Signature: _____

Agent (not actual owner): _____

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www.casagrandeanimalhospital.com

ownership change policy