



1140 North Higley Road Mesa, AZ 85205 480-981-8387

Last name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

May we have your permission to post your pet's photo on our social media Sites? Y N

**Consent For exam, treatment, and/or surgery**

I authorize and direct the veterinarians at Brown Road Animal Clinic to diagnose including necessary lab work and testing, prescribe, perform therapeutic and treatment procedures, and/or surgery that their judgement may dictate to be advisable for the patient's well-being. No warranty or guarantee has been made as to the result of cure, and I am aware that that treatment can come with inherent risk factors.

**ALL FEES ARE REQUIRED TO BE PAID IN FULL AT THE TIME OF SERVICE. A DEPOSIT IS REQUIRED FOR ALL HOSPITALIZED PATIENTS.**

**If you need payment arrangements we do partner with a financial alternative through Care Credit for services over \$200.00.**

Please Indicate Method of Payment/ We Do Not Accept Checks

\_\_\_\_ CASH      \_\_\_\_\_ Credit Card      \_\_\_\_\_ Care Credit

In the event any balance is due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost's including in said unpaid balance, including a reasonable collection and/or attorney's fees. A monthly "service fee charge" of 2.00 will be added to all accounts that exceed 30 days.

Signature of Owner or Representative \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Owner \_\_\_\_\_ Phone \_\_\_\_\_



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**Please Fill Out The Information For Each Pet**

	<b>Pet 1</b>	<b>Pet 2</b>	<b>Pet 3</b>
<b>Pet Name</b>			
<b>Species – Dog/Cat/Other</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Birthdate/Age</b>			
<b>Sex</b>			
<b>Spayed or Neutered</b>			
<b>Dated Vaccinated:</b>			
<b>K9 Dhlpp (Distemper/Parvo)</b>			
<b>K9 Parvo</b>			
<b>K9 Corona Virus</b>			
<b>Feline FVRCP</b>			
<b>Feline Leukemia Test</b>			
<b>Feline Felv Vaccine</b>			
<b>Feline/K9 Rabies</b>			
<b>Heartworm Test</b>			
<b>Dentistry</b>			
<b>Fecal Exam</b>			
<b>I feed my pet:</b>			
<b>Current Medications I give:</b>			
<b>Known Drug Allergies</b>			

**What prior illness or surgery should we know about your pet?** \_\_\_\_\_

\_\_\_\_\_

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