



Welcome to Arizona Exotic Animal Hospital

Please tell the receptionist immediately if you believe your pet is not stable enough to wait!

Client Information

Last Name: _____ First Name: _____

Others Authorized for Account: *Please list who can make an appointment, authorize treatment, or make a payment.*

Name _____ Relationship _____

Name _____ Relationship _____

Address: _____ Apt: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Other Phone(s): _____

Your Place of Employment: _____

Email Address: _____

Student or Active Military member? Yes No *(please show ID to receptionist to receive 10% discount)*

Driver's License Number: _____ State: _____

Date of Birth: _____ *Arizona state law requires us to have our client's date of birth to dispense certain types of medication such as pain-relievers, sedatives, and some others.*

Please complete the following for the pet(s) you've brought for today's examination:

Patient's Name	Species/Breed	Age Years or Months	Major Colors	Sex M/F/U	Spayed/ Neutered? Y/N

Do you have another Veterinarian? If so, who? _____

Do you want us to inform this veterinarian about today's visit? Yes No

How did you hear about us? Google Other-Internet _____ Friend: _____
(Please Specify)

Pet Store: _____ Veterinarian _____ Other: _____
(Which one?) (Which one?) (Please Specify)

Hospital Disclosures

Please read and initial the following statements. Our staff will be happy to explain any of these statements prior to your initialing.

- **Restraint of Patient:** I understand that my pet may act differently than it does at home and there is a chance it may bite, scratch, or otherwise attempt to injure anyone, including myself, handling it. I understand that I should not handle my pet during any procedures and that if I do this waives liability of the hospital if I am injured directly or indirectly by the actions of my pet during said procedures. Initials: _____
- **Payment Due at Time of Service:** I understand that payment is due at time of service. I understand that the following forms of payment are accepted: Visa, Master Card, AMEX, Discover, Care Credit, and cash. Initials: _____
- **Extra Label Use of Drugs:** I understand that there are few medications specifically licensed for use in exotic pets. I authorize the extra label use of medications on my pets. Initials: _____
- **Life-threatening Conditions / Resuscitation Orders:** I understand that some medical conditions may be life-threatening and impact the examination of my pet. If a life-threatening emergency is detected while your pet is here, the staff of Arizona Exotic Animal Hospital will try to stabilize your pet unless you initial the "Do Not Resuscitate" below.
 - DO RESUSCITATE: Initials: _____
 - DO NOT RESUSCITATE: Initials: _____
- **No Overnight Staff:** I understand that Arizona Exotic Animal Hospital is not a 24-hour hospital facility and trained personnel will not attend boarded or hospitalized animals beyond regular office hours. I understand that I can request for my pets to be transferred to an emergency veterinary hospital with 24-hour care if overnight hospitalization is required. Initials: _____
- **Photo or Medical Case Release:** Arizona Exotic Animal Hospital may want to use pictures/and or information resulting from the veterinary care of my pet on their website, social media sites, or for other educational and teaching purposes. Only the pet's name and medical condition will be used. Client name, address and other personal information will not be used. I understand that if at any time I choose to revoke permission for the use of my pet's photo or information I must notify the hospital in writing.
 - I AGREE: Initials: _____
 - I DO NOT AGREE: Initials: _____

Thank you for choosing us to care for your exotic pets!

Signature of financially responsible party:

X _____ Date: _____

Reviewed and Entered by: _____