The Cleo Corporation dba Arizona Small Animal Clinic
10 E. 31st Street Tucson, Arizona 85713
(520) 622-6231 Phone (520) 622-0698 Fax
azsmallanimal@gmail.com www.azsmallanimalclinic.com

DVM # _____

Date: _____

Pet's Name: _____ □ DOG □ CAT □ OTHER □ Male □ Female □ Spayed □ Neutered

Breed: _____ Color: _____ Markings: _____

Age: _____ Birthdate: _____ Date of Last Vaccination / Booster: _____

Micro-chipped? □ Yes □ No If yes, what is the Microchip Number? _____

Owner's Last Name: First Name: Spouse's Name:

Address: City: State: Zip Code:

( ) ( ) ( )

Phone #: Cellphone #: Work #:

Email Address: Employer:

( )

Person to be contacted if cannot be reached: Phone #

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME OF SERVICES RENDERED

I the undersigned (hereinafter known as The Client), do hereby authorize Cleo Corporation dba Arizona Small Animal Clinic (hereinafter The Clinic) to treat, board, hospitalize and otherwise provide appropriate care for the above named/described animal. Should the animal present with an infestation of fleas/ticks/parasites The Client hereby authorizes The Clinic to provide medical appropriate treatment at Client's expense. The Client understands that The Clinic will use all reasonable efforts to prevent the injury or escape of the animal, however The Client will not hold The Clinic responsible for any care, treatment, boarding, hospitalization necessary as a result of the actions of the animal. _____ **Client Initials**

In the event The Client does not retrieve the animal from The Clinic on the agreed upon date and time, The Clinic will provide written notice to The Client that The Client must redeem the animal from The Clinic immediately, or otherwise make arrangements to pay for the boarding/hospitalization of the animal. If The Client does not respond appropriately within five business days, The Clinic is hereby authorized to declare that the animal has been abandoned. Once an animal is abandoned The Clinic may dispose of the animal in any manner they determine is appropriate including, but not limited to, destruction or other disposition of the animal. The Client acknowledges that The Client remains responsible for all costs incurred in the treatment of the animal, even if the animal has been abandoned by The Client. _____ **Client Initials**

The Client acknowledges that all services are to be paid in full at the time those services are rendered, unless prior arrangements have been made by The Client and approved by The Clinic. In the event that The Client fails to pay the balance due at the time services are rendered, The Clinic may impose finance charges on any unpaid balance, with a minimum monthly charge of $10, and an APR not to exceed 40% compounded monthly. The Client agrees to pay all reasonable costs associated with collections including but not limited to legal fees, court costs, and collection agency fees. _____ **Client Initials**

I have read the foregoing and agree with all the terms set forth herein.

SIGNATURE OF OWNER: _____ **Social Security #** _____

SIGNATURE OF PERSON PRESENTING THIS PET FOR TREATMENT IF OTHER THAN OWNER:

_____

Relationship to Owner

Address of Non Owner _____ (___)_____

Phone #