

**CIVANO ANIMAL HOSPITAL  
AND EMERGENCY CENTER**  
SMALL ANIMAL - LARGE ANIMAL - EXOTICS



10425 E Drexel Road  
Tucson AZ 85747

**Client/Patient Information Sheet**

**Owner's Name:** \_\_\_\_\_  
Last Name                      First Name                      MI

Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ May we send you text reminders? Yes  No   
Home                      Cell

**Spouse/Co-Owner:** \_\_\_\_\_  
Last Name                      First Name                      MI

Phone #: (\_\_\_\_) \_\_\_\_\_ May we send you text reminders? Yes  No   
Cell

**Mailing Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ May we send you email reminders? Yes  No

**Referred By:**

- Saw us on Facebook     Internet/Website search     Hospital Sign     Humane Society     Pet Store     Pima Animal Care Center  
 Other \_\_\_\_\_     Client/Friend \_\_\_\_\_

**Social Media:** We love to share cute images of our patients on with the community on our social media outlets. Do we have your permission to use images of your pet(s)?  Yes  No

**Patient Information**

Name	Species and Breed	Sex (M, F, spayed or neutered?)	Color	Age

**\*\*Please be advised we DO NOT have a veterinarian on site 24/7. There is one available on site during the posted hours and then as an on-call basis.**

**Primary Care Veterinarian:**

My pet's primary care veterinarian is \_\_\_\_\_

Can we send your pet's medical records to their primary care veterinarian? Yes  No

**(If permission is not granted, records will not be released until approval is verified by you)**

**Please initial that you have read the information below**

Some prescription-only drugs or controlled substances may be available at a Pharmacy

Any personal items left with your pet while they are in our care are left at your own risk



I give permission to release my pet's records to requesting veterinarians **Yes**  **No**

**(If permission is not granted, records will not be released until approval is verified by you)**

**Please sign the following authorization for treatment**

I hereby authorize the staff of Civano Animal Hospital and Emergency Center to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact myself, or my designated representative, before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

\_\_\_\_\_  
Signature of Owner/Authorized Agent      Date

\_\_\_\_\_  
Signature of Spouse/Co-owner      Date

**We accept: Visa MasterCard Discover American Express Care Credit Check Cash**

**(Cash refunds are processed by paper check through our accountant)**