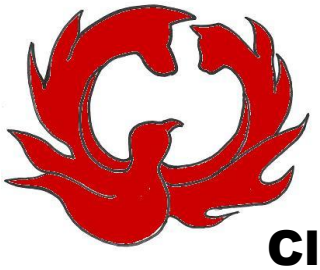

Animal Medical Center

Of Casa Grande PLLC

Client & Patient Registration Form

Owner Information:

Name _____DOB:_____
Spouse/Co-owner _____DOB:_____
Physical Address: _____
City _____ Zip _____State/Country: _____
Mailing Address: _____
City: _____ Zip: _____ State/Country: _____
Primary contact number (____)_____ [ ] home [ ] cell [ ] work
Secondary contact number (____)_____ [ ] home [ ] cell [ ] work
Employer _____Address/City/Zip _____
Driver's State & license number (*must* be present before services are rendered):
_____
E-mail address: _____

Patient Information:

Name _____ [ ] dog [ ] cat [ ] other _____
Breed _____ [ ] male [ ] female
Is your pet spayed or neutered? [ ] YES [ ] NO
Birthday or approximate age _____
Color _____
Microchip number _____

Patient Medical Information:

Date of last vaccines _____ Date of last heartworm test _____
Current Medications _____
Previous or current illnesses _____
Allergies _____
Does your pet have vaccine reactions? [ ] YES [ ] NO
Does your pet have drug reactions? [ ] YES [ ] NO

Financial, Medical Information & Liability Release

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety issues in hospital care and handling. I hereby authorize Animal Medical Center of Casa Grande PLLC to receive, prescribe for, treat and/or perform surgery upon the pet(s) listed herein and additional pets I present. I understand that no guarantees have been made as to the results of medical and/or surgical treatment. I agree to release Animal Medical Center of Casa Grande PLLC, doctors & staff from any liability resulting from the treatment, surgery and/or hospitalization of my animal(s). I certify that I am over 18 years of age and am the owner or owner's authorized agent of animals identified on the Patient Information section of this form. I agree to pay fees for services rendered at the time the pet is discharged from the hospital or as agreed prior to treatment. I assume full responsibility for all charges incurred in the treatment of my pets. I agree that if any unpaid balance is referred to a collection agency, I will be responsible for all collection fee, legal fees and court costs and my owed balance may substantially increase.

_____ _____ _____

Signature of Owner/Authorized Agent **Hand-written name of Owner/Auth. Agent** **Date**