



Welcome to Novak Animal Care Center

Follow us on Facebook!

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

Client Information:

Last Name: _____ First Name: _____

Address: _____

City/State: _____ Zip: _____

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

Other Phone(s): _____

Email Address: _____

Email is used for communication with clinic, promotions, pet education, reminders and our pet portal only.

Your Place of Employment: _____

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 various others.*

Other Authorized for Account: Please list who can make appointment, authorized treatment, or make a payment.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please complete the following for your pet(s). *(Please Include all indoor cats.)*

| Patient's Name | Species/Breed | Age M/Y | Color | Gender | Spayed/Neutered |
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Do you have another Veterinarian? If so, who?

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

How did you hear about us? _____

(Our Pet Pals program will give a \$25.00 credit on the referring client's account as well as your account !)

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, MasterCard, Care Credit, Cash & Checks with appropriate ID. Initials: _____

- **Extra label Use of Drugs:** I understand that there are few medications specifically licensed for use in pets. I authorized 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 Novak Animal Care Center 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 Novak Animal Care Center is not a 24-hour facility. I understand that I can request for my pet to be transferred to an emergency veterinary hospital with 24-hour care if overnight hospitalization is required. Initials: _____

Thank you for choosing us to care for your pets!

Signature of financially responsible party:

x _____ Date: _____