



# Welcome to Cañada del Oro Pet Clinic

Client # \_\_\_\_\_

Owner (First) \_\_\_\_\_ Last \_\_\_\_\_

Owner (First) \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell \_\_\_\_\_

Work # \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



## Pet Information

**Pet's Name** \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Spayed \_\_\_ Neutered \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Vaccination History \_\_\_\_\_

Diet \_\_\_\_\_ Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Reason for visit today \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Spayed \_\_\_ Neutered \_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Vaccination History \_\_\_\_\_

Diet \_\_\_\_\_ Allergies \_\_\_\_\_

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Vaccination History \_\_\_\_\_

Diet \_\_\_\_\_ Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Reason for visit today \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorization for Treatment and Privacy Policy**  
**Cañada del Oro Pet Clinic**  
**3918 W Ina Rd., Suite D-100**  
**Tucson, Az 85741**  
**(520)744-1565**

Cañada del Oro Pet Clinic, recognizes the importance of protecting the personal privacy of our clients and patients. In compliance with FTC C.F.R. 681, 'Red Flag Rule', we will ensure that you are protected from any potential for identity theft from our office.

We do not collect or give out any information to any third party without the consent of the registered pet owners(s). We consider the persons on the pet's medical account as the owner. As an owner, be sure to include and update all persons that can have access to your pet's medical records. If they are not listed, we will not disclose any information to them.

Owners must contact our facility in order for us to share any personal or medical information (i.e. internet pharmacies, other veterinary care facilities, boarding facilities, reference for adoption/breeders, etc.). If an owner does not contact us to authorize the disclosure of information to a third party, we will refrain from releasing information and try to contact the registered owner(s).

It is our privilege and your right to keep both client and patient records private and secure.

**I attest that I (we) are the registered owner(s) of the named pet. I(we) understand this notification of and give permission to Cañada del Oro Pet Clinic, its agents and assigns to provide treatment and medical care. I also agree to pay all costs involved in such care.**

**Please Print:**

Registered Owner \_\_\_\_\_ Name of Pet \_\_\_\_\_

Registered Owner \_\_\_\_\_ Canine \_\_\_\_\_ Feline \_\_\_\_\_

I also give permission for personal and medical information to be released to:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_