

ARIZONA BIRD CLINIC
Information Sheet



Date _____

Name _____

Pet name(s) _____

Phone home _____ work _____ cell _____

Email _____

Address _____

City _____ State _____ Zip _____

Emergency contact _____ phone _____

Employer _____

Who may we thank for your referral? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred in the care of this animal. Any estimate presented is only an approximate of the final bill. I also understand that these charges will be paid at the time of release and that a deposit may be required for medical or surgical treatment.

Signature of Owner _____ Date _____