



# Maricopa Wells Veterinary Hospital

20924 N John Wayne Pkwy, Suite D-8, Maricopa, AZ 85239  
Phone (520) 568-6645 Fax (520) 568-6648

## Client Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you via email? Yes  No

## Patient Information:

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Species: \_\_\_\_\_

Color: \_\_\_\_\_ Sex : M F

Has your pet been spayed or neutered? Yes No

Rabies tag # \_\_\_\_\_ Microchip # \_\_\_\_\_

Has your pet been vaccinated in the past year? Yes No

Please list name and number of previous veterinarian:

\_\_\_\_\_

## Second Patient:

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Species: \_\_\_\_\_

Color: \_\_\_\_\_ Sex : M F

Has your pet been spayed or neutered? Yes No

Rabies tag # \_\_\_\_\_ Microchip # \_\_\_\_\_

Has your pet been vaccinated in the past year? Yes No

Please list name and number of previous veterinarian:

\_\_\_\_\_

## Third Patient:

Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Species: \_\_\_\_\_

Color: \_\_\_\_\_ Sex : M

Has your pet been spayed or neutered? Yes No

Rabies tag # \_\_\_\_\_ Microchip # \_\_\_\_\_

Has your pet been vaccinated in the past year? Yes No

Please list name and number of previous

veterinarian: \_\_\_\_\_

**know if you have more pets and need another form.**

**Please let us**



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## — Consent form for use of Pharmaceuticals in Small Animals

The Food and Drug Administration (FDA) oversee the licensing of pharmaceuticals for humans and animals. Many drugs that have been approved for use in humans and/or some animals have also been proven to be safe and effective in species for which the drugs are not labeled. When drugs are FDA-approved for use in one species but are administered to species other than those for which they have been approved and labeled, the terminology is that the drugs are being used in an “extra-label” manner.

Extra-label use does not include the use of experimental drugs or drugs manufactured in foreign countries that have not been approved by the FDA. Despite this lack of FDA approval, it may be necessary to occasionally use such drugs when no other effective options exist.

Because few drugs are labeled for use in small animals, most drugs administered by small animal or exotic animal veterinarians, including antibiotics, anesthetic agents, and other medications, are routinely used in an extra-label manner. This is within the standard of care, but good medical practice requires that owners be advised when drugs are being used in an extra-label manner.

All drugs can potentially cause harmful side effects, including death. The drugs that will be used for your pet all have been safely used in individuals of the same or related species. When a drug must be used to treat an unusual disease or an unusual species, effectiveness and safety can be difficult to predict. You will be advised when your pet has been prescribed a medication that has not been given to a significant number of individuals of a similar species with a similar medical condition.

Please read the following statement, and sign below:

I have read and understand the above policy on the use of extra-label pharmaceuticals. I authorize the staff at this veterinary practice to administer and prescribe extra-label drugs for my pet. I understand that any drug, including those that are used in an extra-label manner, can produce undesirable side effects. Thus, I acknowledge that it is my responsibility to administer prescribed medications for my pet as directed and to notify my veterinary of any apparent side effects or complications.

\_\_\_\_\_ Signature of Owner or Agent \_\_\_\_\_ Date

Please Print Name \_\_\_\_\_

Please initial next to each bulleted item, confirming that you have read, understand, and accept our policies.

## — Payment Policy:

Full payment is due at time of services unless previous arrangements have been made prior to services being rendered. We accept Visa, MasterCard, Discover, Care Credit and Debit cards or



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cash. We no longer accept checks or American Express for payment. We apologize for any inconvenience.

— **After Hours Care**

We do not have staff on the premises twenty-four hours a day. Patients requiring twenty-four hour care will be referred to a twenty-four hour care facility for further treatment unless previous arrangements are made.

— **Cancellation Policy:**

Cancellations must be made twenty four hours in advance, or there will be a service charge. Owners will be called for appointment confirmation forty-eight hours in advance allowing appropriate time for cancellation or rescheduling.

— **Consent for Treatment:**

If someone other than yourself is to bring your pet(s) in, we require a written and signed statement on file at the time of service. The agent(s) listed below have responsibility for your pet, and can make executive decisions regarding your pet's health care. The agent must be 18 years of age or older. The agent will be responsible for payment due at time of service.

**Name of authorized agent(s):** \_\_\_\_\_  
\_\_\_\_\_

We gladly accept: Cash, Debit, Visa, Discover, Master Card and Care Credit. **I accept responsibility for all fees incurred in the care of any and all of my animals at the time services are rendered. I confirm that I am the Owner or an Authorized Agent of the Owner and read and understand this form. I confirm I am over 18 years of age.**

Signature of Pet Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**Thank you for choosing Maricopa Wells Veterinary Hospital.  
We are committed to providing you and your pets with compassion, quality and trust.**