

So that we may better serve you, please complete the following:

REGISTRATION FORM	Owner		REASON FOR VISIT
	Co-Owner		IS YOUR PET CURRENT ON RABIES VACCINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date last given? _____
	Address		Resides/Travels (city/state) _____
	City, State, Zip	Your email address _____	
	Home #	Contact me at this # <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
	Work Name & Telephone #	Contact me at this # <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
	Mobile #	Contact me at this # <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	
	Text Message opt-in: Client agrees to receive veterinary office communications via text messaging from our offices. This two-way texting platform is made available for ease of communicating pertinent information between our offices and the client. Once opted in, the client shall receive a confirmation of this service and have the right to opt out for any reason. Standard messages and data rates, may apply. Mobile # for text: () - Signature: _____		
	Name of Pet		Past History (Please list Prior Major Illness/Surgery/Injury) _____ _____ _____ _____
	Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		
Breed _____ Color _____			
Sex <input type="checkbox"/> M <input type="checkbox"/> M/Neutered <input type="checkbox"/> F <input type="checkbox"/> F/Spayed			
DOB/Age _____ Weight _____			
Length of time owned (months/years)		Environment <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Pet <input type="checkbox"/> Indoor/Outdoor	
Are You the Owner of the Pet? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not		Other Pets <input type="checkbox"/> Cats _____ <input type="checkbox"/> Dogs _____ <input type="checkbox"/> Other _____	
If Not, Who Is?		Diet <input type="checkbox"/> Dry Brand _____ <input type="checkbox"/> Canned Brand _____ <input type="checkbox"/> Homemade Brand _____ Amount/Feeding _____	
Are You Eighteen Years of Age or Older? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not		I give permission to the Doctors, Liaisons, & Staff members at VSCT to speak to the following people about the diagnosis, treatment & prognosis of my pet. _____ _____ _____	
Family Veterinarian			
Family Veterinarian Clinic's Name			
Who Referred You?			
How Did You Hear About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Children's Museum <input type="checkbox"/> El Imparcial <input type="checkbox"/> Employee <input type="checkbox"/> Family Veterinarian <input type="checkbox"/> Friend/ Family <input type="checkbox"/> NAWBO <input type="checkbox"/> Previous Visit <input type="checkbox"/> Radio <input type="checkbox"/> Tucson Hispanic Chamber of Commerce <input type="checkbox"/> Website / Social Media/Internet <input type="checkbox"/> Other _____			

AUTHORIZATION I hereby authorize the veterinarians at Veterinary Specialty Center of Tucson to examine, treat and prescribe for the above described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all of the charges incurred in the treatment of my pet will be paid in full at the time of discharge. We accept Cash, Visa, MasterCard, American Express, Discover, Debit Card, Care Credit & Check. We do not bill. In the event my pet has an outstanding balance I give my permission to charge the balance to my credit or debit card. I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, & during my pet's ongoing medical treatment. A deposit of 60% of the high end of the estimated fee is required prior to any medical, surgical or emergency care being provided. Please be advised the state of Arizona's controlled substance prescription monitoring program requires your date of birth if controlled substances are dispensed to your pet. Prescription drugs may be available at your local pharmacy. Veterinary Specialty Center of Tucson participates with the Pima County Attorney's Bad Check Program; consequently we will ask to make a copy of your Driver's License.

I have read, understand and agree with the above information.

Signature of Owner _____

Date _____

No Show Appointment Policy

We make every effort to provide prompt medical care to all of our patients. If you are unable to keep a scheduled appointment, please let us know **in advance**. A **NO SHOW** is when a client fails to keep a scheduled appointment. A **NO SHOW** will generate a **\$25** fee and three no shows/missed appointments may require that you seek your veterinary care elsewhere. In the event that you have a special circumstance regarding your missed appointment, please contact our Hospital Administrator Judith Gonzalez. We understand that there may be issues beyond your control and want to be understanding of special circumstances.

Late Cancellations

Late cancellations (less than 24 hours in advance) will be considered as a "no-show". Exceptions will only be made in extraordinary circumstances. Cancellations made more than 24 hours in advance of your scheduled appointment time will not be assessed a cancellation fee.

Courtesy

We strive to provide the best medical care for all of our patients. While we make every effort to provide prompt on-time service, the medical needs of individual patients may not necessarily lend themselves to an exact schedule. We therefore appreciate your understanding and patience. If you have any suggestions or comments for our office, please let us know. Angry or foul language directed to our staff regardless of the issues involved will absolutely not be tolerated and will be grounds for immediate dismissal from our practice.

By signing this page you are acknowledging and agreeing to our No Show and Late Cancellation Policy

Client Signature: _____ Date _____