

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	
	Email address	
	Home # <i>Contact me at this #</i> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Current Medications / Supplements <i>(Please List Name, Dosage, & Directions)</i>
	Work Name & Telephone # <i>Contact me at this #</i> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
	Mobile # <i>Contact me at this #</i> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	
	Name of Pet	Past History <i>(Please list Prior Major illness/Surgery/Injury)</i>
	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 If Not, Who Is?	Other Pets <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other
	Are You Eighteen Years of Age or Older? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not	Diet <input type="checkbox"/> Dry Brand <input type="checkbox"/> Canned Brand <input type="checkbox"/> Homemade
Family Veterinarian	Amount/Feeding	
Family Veterinarian Clinic's Name	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.	
Who Referred You?		
How Did You Hear About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Children's Museum <input type="checkbox"/> EI 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, Scratchpay & 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 80% 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 _____

Photo Release

I hereby grant VSCOT permission to use any photographs taken of my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become your property and will not be returned. I hereby authorize to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing your programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby release rights to all claims, demands, and causes to action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf of my estate have or may have by reason of this authorization. In signing this consent, I give authorization to use my pet's name and information as printed.

Client Signature: _____ Date _____