



252 W Ina Road
Tucson, AZ 85704
520.742.4148
www.nwpetclinic.com



6745 N La Canada
Tucson, AZ 85704
520.297.8258
www.nwpetclinic.com



Client ID # _____ Client & Patient Registration Form Today's Date: _____

Owners Name: _____ Co-Owners Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Are you the owner of the pet? Yes No If not, who is? _____

Are you Eighteen Years of age or older? Yes No

Email Address: _____

Mobile Phone number: _____ Contact me at this number: 1st 2nd 3rd

Home Phone number: _____ Contact me at this number: 1st 2nd 3rd

Work Phone number: _____ Contact me at this number: 1st 2nd 3rd

Northwest Pet Clinic can Text or Voice Message your mobile number with appointment reminders and other important medical messages about your pet. I would like to opt in for this service, YES NO . If opting in, what mobile number(s) would you like us to use? _____

Northwest Pet Clinic can email you with appointment reminders and other important medical messages about your pet. I would like to opt in for this service, YES NO . If opting in, what email address would you like us to use? Email Address: _____

Northwest Pet Clinic will NOT use your mobile number or email address for advertising purposes with any vendors. Your email address is for Northwest Pet Clinic's use only.

Patient Information - Please tell us about all of your Pets

Name	Sex	Spayed Neutered	Birth Date	Dog or Cat	Breed	Color	Vaccines date/type

Are you seeing us for Urgent Care Today? YES NO

How did you hear about us? Signage Internet Social Media Print Media Friend
Other _____

If a friend referred you, please let us know so we may thank them! _____

Are you a member of our **Pet Care Rewards Program**? YES NO . If not, are you interested in learning how you can get two complimentary examinations and one free nail trim for any pet in your household annually, plus earn 5% cash back on every purchase you make at Northwest Pet Clinic? YES NO .



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Northwest Pet Clinic offers inpatient hospitalization 24 hours a day, 7 days a week by our highly trained ICU Technicians at our 252 W. Ina Rd, Tucson, AZ 85704 location only. Please note after our Urgent Care department closes, a Veterinarian is no longer on site.

I give the Veterinarians and staff at Northwest Pet Clinic, permission to speak with the following people about the diagnosis, prognosis and treatment of my pet(s):

Authorization: I hereby authorize the Veterinarians at Northwest Pet Clinic to examine, treat and prescribe for the above listed pet(s). I agree to assume responsibility for all charges incurred in the care of my pet(s) presented to Northwest Pet Clinic for clinical services. In order to maintain a responsible and respected relationship, we require that you honor our payment policies: **I understand that all of the charges incurred in the treatment of my pet(s) will be paid in full at the time of services rendered. Northwest Pet Clinic does not bill or hold checks. We accept Cash, Check, Visa, MasterCard, Discover, American Express and Care Credit.** In the event my pet has an outstanding balance, I give my permission to charge the balance to my credit or debit card. Effective January 1, 2016, personal balances over 30 days will be assessed a 1% per month finance charge. Balances written off as bad debt or sent to collections agency will be assessed a onetime charge of 30%. A 24 hour notice is required if you need to cancel your pet's appointment. Frequent cancellations can result in a \$25 cancellation fee.

I understand that a treatment plan with an estimate of the fees for services will be provided to me and that I am encouraged to discuss all fees related to my pet's care before services are rendered and during my pet's ongoing medical care. I also understand that a deposit of 50% of the high end of the estimated fee for my pets' medical, surgical or urgent care is required prior to services provided. Northwest Pet Clinic participates with the Pima County Prosecuting Attorney's Bad Check Program. Therefore, we will ask to make a copy of your drivers license if you write a personal check for services rendered. Please note that prescription drugs may be available from your local pharmacy. Northwest Pet Clinic, PLLC may on occasions take pictures of your pet(s) for social media or clinical purposes.

I have read and understand that by signing below, I agree with this authorization form:

Signature of Owner (s)

Date



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 Tucson, AZ 85704
 520.297.8258
 www.casasadobespetsclinic.com



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Privacy Policy

Northwest Pet Clinic, PLLC recognizes the importance of protecting the personal privacy of our clients and patients. In compliance with FTC C.F.R. 681.2, "Red Flag Rule", we will ensure that you are protected from any potential for identity theft from our office.

Your pet's medical records are confidential. We will not share medical information about your pet with other parties EXCEPT for veterinarians, boarding or grooming facilities who request vaccination or related records **on your behalf.** **The personal and financial information we gather from you is confidential.** We will not share personal or financial information about you with other parties without your approval or authorization, except in cases where payment is dishonored by your bank.

[] Please initial this box if you **DO NOT** want Northwest Pet Clinic to share your pet's medical information with boarding facilities, grooming facilities which request it. NOTE: If this box is checked we will ALWAYS contact you before releasing your pet's medical information to parties who request it, other than Veterinary Hospitals.

OWNER'S ACKNOWLEDGMENT AND SIGNATURE

I (we) understand and acknowledge the policies outlined in this Privacy Policy.

I (we) attest that I (we) are the registered owner(s) of the named pet(s). I (we) understand this notification of and give permission to Northwest Pet Clinic, PLLC, its agents and assigns to provide treatment and medical care.

Registered Owner (print) _____

Registered Co-Owner (print) _____

Pet: _____ K9 Fel other Pet: _____ K9 Fel other

Pet: _____ K9 Fel other Pet: _____ K9 Fel other

Pet: _____ K9 Fel other Pet: _____ K9 Fel other

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

_____ Relationship _____

_____ Relationship _____

Owner Signature _____ Date _____

Co-Owner Signature _____ Date _____