



Northwest Pet Clinic, PLLC
www.nwpetclinic.com

Northwest Pet Clinic
252 W Ina Rd | 10825 N Oracle Rd #101
Tucson, AZ 85704 | Oro Valley, AZ 85737
520.742.4148



Client ID # _____ Client & Patient Registration Form Todays Date: _____

Owner _____ Co-Owner _____

Address _____
Street City ST Zip Code

Home # _____ Mobile # _____
Contact me at this # 1st 2nd 3rd Contact me at this # 1st 2nd 3rd

Work Name & Telephone # _____
Contact me at this # 1st 2nd 3rd

E-Mail address _____

Patient Information - Please tell us about all of your Pets

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

How did you hear about us? Sign Online Search Social Media Website Event Other _____

Are you seeing us for Urgent Care Today? YES NO

Were you referred by your primary care Veterinarian? YES NO

If so, what is your primary care Veterinarian's Name: Dr. _____ Practice: _____

*This information allows us to communicate with your primary care veterinarian about your pet's Urgent, Emergency, and/or Overnight Care.



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I hereby authorize the Veterinarians at Northwest Pet Clinic to examine, treat and prescribe for the above listed pet(s). I understand that my pet(s) must be examined a minimum of one time per year by a Northwest Pet Clinic Veterinarian to receive refills on my pet(s) prescription medications and prescription diet foods.

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. In order to maintain a responsible and respected relationship, we must require you to honor our payment policy of **Cash, Check, Visa, Master Card, Discover, American Express and Care Credit**. Northwest Pet Clinic does not bill or hold checks. 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 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 occasion take pictures of your pets. By signing below, permission is given to Northwest Pet Clinic PLLC to use photos for Social Media etc..

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

Signature of Owner (s)

Date

**252 West Ina Road
Tucson, AZ 85704**

**10825 North Oracle Rd #101
Oro Valley, AZ 85735**



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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 _____