



Patient Registration Form

Owner # 1: _____ Owner # 2: _____

Address _____ City _____ St _____ Zip _____

Home Phone: _____ Cell: _____

SSN(optional) _____ - _____ - _____ Employer Name: _____ Employer Phone: _____

Email Address: _____

How did you hear about us? _____

PET INFORMATION

Please complete the following for the pet we are seeing today

Pet's Name _____ Dog/Cat/Other _____

Breed _____ Age/ DOB _____ Sex _____ Color _____

Known Drug Allergies _____

• I authorize and direct the veterinarians at Mesa Northeast Animal Hospital to diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate to be advisable for the patient's well-being. NO warranty or guarantee has been made as to the result or cure. Mesa Northeast Animal Hospital is not a 24-hour facility.

• In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost including said unpaid balance, interest accrued, and including a reasonable collection and/or attorney's fees.

• I authorize Mesa Northeast Animal Hospital to take my credit card number over the phone to pay for any refills needed. I understand once processed, my credit card number and associated numbers will be shredded.

• Mesa Northeast Animal Hospital requests you give us 24 hours' notice of cancellation of your appointment so we may offer the time to another client. If this notice is not given or you do not show up for your scheduled appointment, a \$75 fee may be charged to your account. This will need to be paid as well as a prepaid exam when you schedule your next appointment.

Signature of Owner _____ Date _____

I authorize Mesa Northeast Animal Hospital to use photos or case information for educational and/or printed materials without compensation or approval rights.

Signature of Owner _____ Date _____