



McClintock Animal Care Center

WELCOME!

Thank you for giving us the opportunity to care for your pet.
Please take the time to fill out this DOUBLE-SIDED form completely.

CLIENT REGISTRATION

PRIMARY NAME: _____

SECONDARY NAME: _____

ADDRESS: _____ APT. NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

YOUR EMPLOYER: _____ OWNER #2 EMPLOYER: _____

Which is your preferred method of contact? PHONE CALL TEXT MESSAGE E-MAIL

PRIMARY NAME & PHONE: _____ CELL HOME WORK

SECONDARY NAME & PHONE: _____ CELL HOME WORK

ALTERNATE NAME & PHONE: _____ CELL HOME WORK

Please list your e-mail address to receive pet healthcare reminders, important announcements, and correspondence regarding your pet(s). Your email will remain confidential.

E-MAIL: _____

HOW DID YOU LEARN OF OUR CLINIC?

Please select one

Personal Recommendation:
Whom may we thank?

- Google
- Website: www.accvet.net
- Maricopa County Animal Shelter
- Live in area/Drive-by
- Online Reviews (Yelp, Facebook, etc)
- Returning/Previous Client
- LocalFirstAZ.com

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet(s) on the patient information form. I assume responsibility for all charges incurred in the care of this animal and understand that payment is due at the time services are rendered. I agree to pay any costs and attorney fees necessary for the collection of any amount not paid when due. Our office accepts Visa, MasterCard, Discover, American Express, Debit, and Cash.

Checks are not accepted.

PLEASE NOTE: WE DO NOT OFFER BILLING AS A METHOD OF PAYMENT.

SIGNATURE: _____

DATE: _____

Office use only: ID _____

New Return

PATIENT INFORMATION

<i>Please fill out completely</i>	PET #1	PET #2
PET NAME		
MALE or FEMALE?		
SPAYED or NEUTERED?		
DATE OF BIRTH		
SPECIES (cat, dog, rabbit, etc.)		
BREED		
COLOR		
DATE OF LAST EXAM BY A VETERINARIAN		
DATE OF LAST VACCINATIONS		
Where did you acquire your pet?		
When did you acquire your pet?		
What brand of food is your pet eating?		
Has your pet traveled outside of Arizona?		
Is your pet currently on heartworm prevention?		
Has your pet been heartworm tested?		
CATS ONLY: Does your cat go outdoors?		
Has your cat been tested for FIV/Leukemia viruses?		

MEDIA CONSENT: *We utilize various modes of social media, such as Facebook, Instagram and our practice website, to connect with our clients. We love to share stories and pictures of our furry friends! Only your pet's name, picture and possibly brief medical info would be used.*

PLEASE CHOOSE ONE- *I grant McClintock ACC permission to take photographs of my pet(s), and to use or publish for social media/practice website purposes.*

YES _____ (initial) **NO** _____ (initial)