



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

CLIENT NAME(S): _____

PHONE NUMBER: _____ CELL HOME WORK

HOME ADDRESS: _____ APT. NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER: _____

ADDITIONAL PERSON(S) AUTHORIZED FOR PET CARE: _____

ADDITIONAL PHONE NUMBER: _____ CELL HOME WORK

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

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

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

<i>Please fill out completely</i>	PET #1	PET #2
PET NAME		
MALE or FEMALE		
SPAYED or NEUTERED		
DATE OF BIRTH or AGE		
SPECIES (cat, dog, rabbit, etc.)		
BREED		
COLOR		
PET INSURANCE? (if yes, list name of company and policy number)		
MICROCHIP?		
WHEN DID YOU ACQUIRE YOUR PET or WHAT AGE?		

Has your pet recently received medical care at another facility?

If so, please provide clinic name and location so that we may call for records. Thank you!

Clinic name: _____

Date: _____ City: _____ State: _____

TEXT CONSENT: *We may text you regarding your pet's medical care. These messages will come from our main phone number, (480) 820-2822, and will be specific to your pet – no spam or marketing texts will be sent. You may change this preference at any time.*

May we have your permission to contact you via text message? Yes No

Standard text messaging rates may apply – check with your service provider

MEDIA CONSENT: *We utilize various modes of social media, such as Facebook, Instagram, Snapchat, 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.*

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

PLEASE CHOOSE ONE YES _____ (initial) NO _____ (initial)