



7311 East Thomas Rd. / Scottsdale, AZ 85251

Phone: 480-945-8484 / Fax: 480-945-8766

Hours: 24 Hours a Day, 7 Days a Week!

Website: www.tsvcpets.com

Owner Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: (Primary) \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**How did you hear about us? (Please mark one)**

- Drive by/ Signage  Internet  Mailer  PetCo/Petsmart  Facebook  Instagram  
 Rescue \_\_\_\_\_  Other \_\_\_\_\_  Family Member/Friend

**If a friend or family member referred you, they will receive a \$20 bonus credit for their next visit. Who may we thank for referring you today?** \_\_\_\_\_

**Do you have a referring clinic you would like us to send today's records to?** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_  
**Color:** \_\_\_\_\_ **Gender:** Male Female Neutered Male Spayed Female  
**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Known Allergies or pre-existing conditions:** \_\_\_\_\_

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By signing this form, I confirm and agree that I am the legal owner or the responsible party of the above-mentioned pet(s). I understand that payment for all services rendered is **due at the time of treatment or services given**. I understand that beginning at 30 days past due on any balance incurred, that interest charges will be assessed at 10% based on State Statute. If amounts owed exceed approximately 90 days past due, TSVC may use all legal methods to recover amounts owed including the Arizona Attorney General, or a local attorney. Collection charges will be added to the account and will be the responsibility of the client. If a court ordered judgment occurs, attorney fees will also be assessed.

**Forms of payment accepted: Cash, Visa, MasterCard, Discover, Amex, Care Credit and Bank Debit Cards**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_