



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:** _____

Pet Name: _____ **Species:** _____ **Breed:** _____

Color: _____ **Gender:** Male Female Neutered Male Spayed Female

Birthday: _____ **Age:** _____ **Known Allergies or pre-existing conditions:** _____

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. I understand photos and/or videos of my pet(s) might be used on social media or other online sources. If you do not wish for your pet's photos/videos to be shared on social media, please let us know that you wish to opt out and we will note your account.

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

Signature: _____ **Date:** _____