



# 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(S) NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  CELL  HOME  WORK

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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?<br>(if yes, list name of company<br>and policy number ) |        |        |
| MICROCHIP?   |        |        |
| WHEN DID YOU ACQUIRE<br>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 would like to text you regarding your pet's medical information. Examples of such messages include appointment confirmations and scheduling reminders, medication refill notice, sharing lab results, etc. Messages will always be specific to your pet. You may opt out at any time.*

**Do you wish to enroll?**       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)