



**REGISTRATION FORM**

So that we may better serve you, please complete the following:

Owner		<b>REASON FOR VISIT</b>	
Co-Owner		<b>IS YOUR PET CURRENT ON RABIES VACCINATION?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date last given? _____	
Address		Resides/Travels (city/state) _____ _____	
City, State, Zip	Your email address		
Home #	Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Current Medications / Supplements (Please List Name, Dosage, & Directions) _____ _____ _____ _____	
Work Name & Telephone #	Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		
Mobile #	Contact me at this # <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		
Name of Pet			
Species <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		Past History (Please list Prior Major illness/Surgery/Injury) _____ _____ _____ _____	
Breed	Color		
Sex <input type="checkbox"/> M <input type="checkbox"/> M/Neutered <input type="checkbox"/> F <input type="checkbox"/> F/Spayed			
DOB/Age	Weight		
Length of time owned (months/years)		Environment <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Pet <input type="checkbox"/> Indoor/Outdoor	
Are You the Owner of the Pet? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not		Other Pets <input type="checkbox"/> Cats _____ <input type="checkbox"/> Dogs _____ <input type="checkbox"/> Other _____	
If Not, Who Is?			
Are You Eighteen Years of Age or Older? (check one) <input type="checkbox"/> I am <input type="checkbox"/> I am not		Diet <input type="checkbox"/> Dry Brand _____ <input type="checkbox"/> Canned Brand _____ <input type="checkbox"/> Homemade Brand _____	
Family Veterinarian		Amount/Feeding	
Family Veterinarian Clinic's Name		I give permission to the Doctors, Liaisons, & Staff members at VSCT to speak to the following people about the diagnosis, treatment & prognosis of my pet. 1 _____ 2 _____ 3 _____ 4 _____	
Who Referred You?			
How Did You Hear About Us? <input type="checkbox"/> Family Veterinarian <input type="checkbox"/> Friend <input type="checkbox"/> Previous Visit <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Other _____			

**AUTHORIZATION**

I hereby authorize the veterinarians at Veterinary Specialty Center of Tucson to examine, treat and prescribe for the above described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all of the charges incurred in the treatment of my pet will be paid in full at the time of discharge. We accept Cash, Visa, MasterCard, Discover, Debit Card, Care Credit & Check. We do not bill. In the event my pet has an outstanding balance I give my permission to charge the balance to my credit or debit card. I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, & during my pet's ongoing medical treatment. A deposit of 60% of the high end of the estimated fee is required prior to any medical, surgical or emergency care being provided. Please be advised that prescription drugs may be available at your local pharmacy. Veterinary Specialty Center of Tucson participates with the Pima County Attorney's Bad Check Program; consequently we will ask to make a copy of your Drivers License

I have read, understand and agree with the above information.

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Date