



Patient Registration Form

Owner # 1: _____ Owner # 2: _____

Address _____ City _____ St _____ Zip _____

Home Phone: _____ Cell: _____

Employer Name: _____ Employer Phone: _____

Email Address: _____

How did you hear about us? _____

PET INFORMATION

Please complete the following for the pet we are seeing today

Pet's Name _____ Circle: Dog/Cat Breed _____ Color _____

Age/DOB _____ Sex _____ Circle: Spayed/Neutered Pet Insurance _____

Known Drug Allergies _____

Previous vet/vaccine clinic _____

Notes _____

• I authorize and direct the veterinarians at Mesa Northeast, Noe's Ark and Bark Avenue Animal Hospitals to diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgment may dictate to be advisable for the patient's well-being. NO warranty or guarantee has been made as to the result or cure. **Mesa Northeast, Noe's Ark and Bark Avenue Animal Hospitals are not a 24-hour facility.**

• In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost including said unpaid balance, interest accrued, and including a reasonable collection and/or attorney's fees.

• I authorize Mesa Northeast, Noe's Ark and Bark Avenue Animal Hospitals to take my credit card number over the phone to pay for any refills needed. I understand once processed, my credit card number and associated numbers will be shredded.

• Mesa Northeast, Noe's Ark and Bark Avenue Animal Hospitals request you give us **24 hours' notice of cancellation of your appointment** so we may offer the time to another client. If this notice is not given or you do not show up for your scheduled appointment, **a \$58 fee may be charged to your account.** This will need to be paid as well as a prepaid exam when you schedule your next appointment.

Signature of Owner _____ Date _____

I authorize Mesa Northeast/Noe's Ark and Bark Avenue Animal Hospitals to use photos or case information for educational and/or printed materials without compensation or approval rights.

Signature of Owner _____ Date _____

