

ARIZONA WEST VETERINARY CLINIC, INC  
CLIENT REGISTRATION & POLICY FORM

Acct # \_\_\_\_\_

Name: \_\_\_\_\_ Your Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ for Controlled  
Substance RX

Spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_@\_\_\_\_\_.com

Animals we have on file: \_\_\_\_\_.

Are there other pets at home that we have not seen? Y / N

If so, how many? \_\_\_\_\_ What are their names? \_\_\_\_\_

**Policy 1: PAYMENT** - **Payment is due at the time services are rendered.** We accept Visa, MasterCard, Discover, Am. Express, Care Credit, Debit, Cash or Check. We require a valid driver's license or ID for all checks written. All returned checks will be subject to a \$25.00 returned check fee. Failure to clear a bad check within 12 days of return will result in being forwarded to the County Attorney for further action and possible prosecution. All outstanding balances greater than 90 days will be referred to a collection agency and will be charged a collection fee of 40% of the balance due. **You will no longer be considered a client and we will not provide services should you be referred to either the County Attorney or Collections.**

**Policy 2: AFTER HOURS EMERGENCY** - **We no longer provide this service.** If your pet is having an urgent or life-threatening emergency and must be seen after normal business hours please seek care at the nearest urgent/emergency care facility.

**Policy 3: "LATE/NO SHOW" APPOINTMENTS/SURGERIES** - If you arrive more than 10 minutes past your scheduled appointment time we can NOT guarantee you will be seen. In the event you are seen, the late fee will be applied. This helps prevent a gross misuse of our appointment slots.

**Late appointments/No shows/same day cancellations of appointments will incur an additional fee. There will be a \$100.00 no show surgery fee for all missed surgeries without 12 hours notice.** Failure to give us advance notice of at least 12 hours of a cancellation will automatically be charged to your account. Please respect our time as we value yours, and be courteous to our staff by keeping your appointments.

**Policy 4: URGENT APPOINTMENTS**- If your pet is in need of being seen and our schedule is already booked you can elect to have your pet seen on an **Urgent** basis. There is an additional cost for this service.

**Policy 5: Prescription refills-** **We require 24 hours notice** for all prescription refills. If you need your pet's medication refilled within those 24 hours, there will be an expedited refill charge.

NOTE: We have trained staff to restrain your pet for examination or treatment. If you elect to restrain your own pet, please understand we cannot be responsible for any injury incurred to you or your pet. Lastly, we do not have overnight staff.

**Please sign below acknowledging that you have read and understand this notice. Thank you for your time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date