



ARROW ANIMAL URGENT CARE

Client/Patient Registration Form

Client Information

Name (owner/s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Regular Veterinary Clinic (required) _____

Patient Information

Pet's Name _____ Age/Birthdate _____

Choose one each:

☐ Dog ☐ Cat ☐ Male ☐ Female ☐ Spayed/Neutered ☐ Intact

Breed _____ Color/Markings _____

Reason for visit today: _____

Please list current medications and previous health issues:

My pet is (check any that apply): ☐ Anxious ☐ Dog reactive ☐ Requires a muzzle

By signing below, you certify that you are over the age of 18 and are the owner (or authorized agent) of the above-described patient. You authorize Arrow Animal Urgent Care personnel to treat your pet. You understand that you are not guaranteed a successful outcome and you shall not hold the hospital (or its affiliates, employees, agents, or contractors) liable for procedures performed and recovery of your pet. You understand that a deposit of at least 75% of your estimate may be required prior to treatments. Full payment for services rendered will be required prior to the discharge of your pet. You understand you are responsible for all costs incurred and if it becomes necessary to pursue legal action to recover the balance due, you agree to pay all collection, attorney and court fees associated in addition to a service fee. **Initial:** _____

INITIAL EXAM FEE: \$145

Signature: _____ Date: _____

I authorize Arrow Animal Urgent Care permission to take photographs and videos of my pet(s). I understand this material may be used on AAUC's social media accounts and website.

☐ **I consent. Initial:** _____