



CLIENT REGISTRATION

OWNER DETAILS:

Full Name _____ Co-Owner _____
Address _____
City _____ State _____ Zip _____
Primary Phone _____ Secondary Phone _____
Email _____ Contact Preference: ___Phone ___Email ___Text
Employer _____ Occupation _____

PATIENT DETAILS:

Name: _____ Species Dog: Cat Breed: _____
D.O.B. _____ Color _____ Gender Male Female Spay/Neuter Y/N
Referring Veterinarian/Hospital _____
Any/All Other Clinics Visited _____

HEALTH INFORMATION

Reason for Visit: _____
Current Medications: _____
Allergies to Food or Medication: _____
Current on Vaccinations, Including Rabies: _____

CONSENT AND SIGNATURES

I hereby give Arizona Canine Orthopedics permission to take photographs and videos of me and my pet for the purpose of posting on their social media platforms and clinic website.

Instagram: @arizonacanineortho
Facebook: Arizona Canine Orthopedics & Sports Medicine

Printed Name: _____
Client Signature _____
Date: _____



FINANCIAL / NO-SHOW POLICY

Thank you for choosing Arizona Canine Orthopedics & Sports Medicine. We are committed to providing quality surgical care for you and your dog. To reduce misunderstandings, our office has the following Financial and No-Show Policy. We ask that you read this policy and agree to abide by it prior to beginning treatment.

Forms of Payment

We accept cash, check, debit card, Visa, Mastercard, American Express and Care Credit. Any checks returned from our financial institution will incur a fee of \$40 which must be paid by cash or with credit card. In this event, no future personal checks will be accepted.

Pet Insurance

- **We require payment within 7 days prior to the time of surgical services.** Depending on the terms of your insurance plan, you may have a financial responsibility after your claim has been processed, e.g., deductible, percentage of unreimbursed expenses.
- As a courtesy to you, we will submit medical records for insurance claims to your plan provided you submit valid insurance information. We are unable to bill third party insurance carriers.
- In the event your pet insurance plan determines that a service is "not covered", you will be responsible for the entire charge. Prior authorization is not a guarantee of coverage or payment. If you do not agree with the coverage your insurance carrier has provided, we ask that you contact them directly.

Payment for Account Balance

Account balances must be paid at the time of service.

No-Show Policy

- If you are unable to keep a scheduled appointment, we kindly ask you to notify us (call or email) at least 24 hours in advance.
- Any established patient who fails to check-in (No-Show) for an appointment or requests to change/cancel an appointment without 24 hours advance notice will be charged \$50 for each appointment time held.
- After two (2) No-Show or cancellations without 24 hours advance notice, we reserve the right to terminate our relationship. In this event, we will notify your referring veterinarian and ask that they make other arrangements for care.

I have read and agree to abide by the above Financial and No-Show Policy.

Client Name

Patient Name

Signature

Date