

Owner _____
Last First Middle Initial

Address _____
Number Street City Zipcode Lot/Apt No

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Cell Phone _____ E-Mail _____

AZ DL No. _____ Pet Insurance _____

How did you hear about us? _____

If referred by a friend or family member, name: _____

Spouse or Co-Owner _____ Occupation _____

Home Phone _____ Employer _____

Work Phone _____ Cell Phone _____

E-Mail _____

Pet Information – Please list all pets under your care.

Name _____ Cat Dog Breed _____

Date of Birth or Age _____ Circle: Male Female Circle: Spayed or Neutered

Name _____ Cat Dog Breed _____

Date of Birth or Age _____ Circle: Male Female Circle: Spayed or Neutered

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Date of Birth or Age _____ Circle: Male Female Circle: Spayed or Neutered

Name _____ Cat Dog Breed _____

Date of Birth or Age _____ Circle: Male Female Circle: Spayed or Neutered

Please Read and Sign both areas, thank you.

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the pets described above. I assume financial responsibility for charges incurred in the care of these animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized cases.

Signature of Owner or Agent _____ Date _____

I grant Alta Mesa Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Alta Mesa Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and Web content.

The above may take photos of me and/or my pet _____



Alta Mesa Animal Hospital

6704 E Brown Rd | Mesa, AZ 85205 | Phone 480-981-1244 | 480-832-3908

Financial Policy

Thank you for choosing Alta Mesa Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Alta Mesa Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options:

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- Convenient monthly payment options from the Care Credit Healthcare Credit Card through Synchrony bank. Apply here today!

Deposit & Billing:

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500, will require a 50% deposit to begin your pet's treatment. We may offer in-house payment options on a case-by-case basis. We charge 1.5% interest on all outstanding account balances older than 30 days. If you have an account 120 days past due, Alta Mesa Animal Hospital may relinquish your balance owed to a collection agency.

Additional Policy Information:

Alta Mesa Animal Hospital charges \$32.50 for returned checks. Returned checks not paid will be sent to the County Attorney for processing. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Print)