



INA ROAD ANIMAL HOSPITAL
 7320 N. LA CHOLLA # 114
 TUCSON, AZ 85741
 (520 544-7700)

NEW CLIENT INFORMATION

If you are here for an emergency:

Who is your regular veterinarian/Clinic? _____

Office Phone Number: _____

Do you want us to fax our records to your regular veterinarian after your pets' exam? Yes No

CLIENT INFORMATION- You must be 18 years of age or older to complete this form

Name _____ Alternate Contact _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Other Phone _____

Email Address _____

Preferred Method of contact: Phone Call App Notification Email Text

How did you become aware of our hospital? Drove by Yellow Pages Google Website Yelp
 Radio TV Personal Recommendation: _____

	PET #1	PET #2	PET #3
NAME			
BREED			
COLOR			
SEX			
SPAYED/NEUTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BIRTH			

Reason for today's visit? _____

Type of Pet Food: _____ Allergies: _____ Current Medications: _____

Indoor Outdoor Both Does Pet Travel? Yes No If yes, where: _____

At your visit, we will prepare a written estimate for all services recommended for your pet's care. **FULL PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED. THERE IS NO BILLING.** Interest and billing fees are assessed to any unpaid balance. Any account turned over for collection will be assessed a collection fee of 50% of the unpaid balance. We accept CASH, CREDIT CARD, and DEBIT CARD. We do offer alternative payment arrangements through CARE CREDIT, WELLS FARGO, SCRATCHPAY, and PAYMENTBANC. Please ask for an application. Due to the high volume of returned checks, we can no longer take checks as a form of payment.

I understand that during examination/treatment a trained technician may be asked to hold my pet in order to assist the doctor. If I decline and insist on restraining my own pet, I will hold harmless REED VETERINARY SERVICES, LLC, d.b.a. Ina Road Animal Hospital, its' doctors and staff in the event that I should be bitten, scratched, or sustain any other injury. I also understand that for the comfort of my pet, the safety of myself, and the safety of the hospital staff, it may be necessary to perform some procedures in another area of the hospital without my presence. This includes radiographs, surgery, obtaining laboratory samples, and so forth.

I hereby authorize Ina Road Animal Hospital to examine my pet and render treatment, surgery, or care of my pet(s) as agreed upon between myself and the doctor/staff and understand all conditions noted above.

Signature of Owner/Agent _____ Date _____