



7010 E Golf Links Road Tucson AZ 85730 520.790.4871

CLIENT INFORMATION

Owner Last Name: _____ Owner First Name: _____ Pet Name: _____

Owner Address: _____

City: _____ St: _____ Zip: _____ Co-Owner: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____
Contact me at this # 1 2 3 Contact me at this # 1 2 3 Contact me at this # 1 2 3

Email Address: _____ I am 18 years or older: Yes _____ No _____

If you are a new client, who referred you: _____

Are you or co-owner: Military [] Student [] Senior (65 and older) []

Rolling Hills Pet Clinic can send you promotional coupons and wellness information from our trusted healthcare partners.

I would like to opt in for this service, YES [] NO [].

Rolling Hills Pet Clinic offers digital correspondences such as newsletters and other clinic announcements.

I would like to opt in for this service, YES [] NO [].

Client Authorization: I hereby authorize the veterinarians at Rolling Hills Pet Clinic to examine, treat and prescribe for the above described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all of the charges incurred in the treatment of my pet will be paid in full at the time of discharge. We accept Cash, Visa, MasterCard, American Express, Discover, Debit Card, & CareCredit. I also understand that an estimate of the fees for veterinary services will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered, & during my pet's ongoing medical treatment. A deposit of 50% of the high end of the estimated fee is required prior to any medical, surgical or urgent care being provided. Prescription drugs may be available at your local pharmacy. I further understand that these charges will be paid at the time of services rendered and that a deposit is required for drop offs and surgical treatment. I understand that there is not a veterinarian on the premises 24 hours a day.

Signature: _____

Date: _____