



7010 E. Golf Links Road Tucson, AZ 85730 520.790.4871

Owner Last Name: _____ Owner First Name: _____ Co-Owner: _____

Address: _____ City: _____ St: _____ Zip: _____

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: _____

**Rolling Hills Pet Clinic will you send promotional offers, free pet insurance policy, & wellness information from our trusted healthcare partners.
Rolling Hills Pet Clinic offers digital correspondences, such as newsletters & other clinic announcements.
If would like to opt out for this services, please unsubscribe from the mailing list in the emails received.**

<i>Pet Name</i>	<i>Age or DOB</i>	<i>Cat or Dog</i>	<i>Color</i>	<i>Breed</i>	<i>Sex</i>	<i>Spayed or Neutered</i>

Client Authorization: I hereby authorize the veterinarians at Rolling Hills Pet Clinic to examine, treat, & prescribe for the above described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal & must 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 veterinary services fees will be provided to me, & I am encouraged to discuss all fees related to such care before services are rendered, & during my pet's ongoing medical treatment. A 50% deposit of the high end of estimated fees is required prior to any medical, surgical or urgent care being provided. Prescription drugs may be available at your local pharmacy. There will be a \$10 fee for patient chart review for any third party prescription refill requests. We offer an online pharmacy with home delivery with no additional refill fees. I hereby grant RHPC permission to use any photographs taken of my pet, in any & all of its publications, including website entries, without payment or any other considerations. In addition, I waive any right to royalties or other compensation arising or related to use of the photograph.

I understand that these charges must be paid at the time of services rendered & there is not a veterinarian on the premises 24 hours a day.

Signature: _____ Date: _____