

Mesa Veterinary Hospital Client Registration

OWNER'S INFORMATION:

Last Name: _____ First Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Other Number: _____

Emergency Contact Or Spouse: _____ Phone number: _____

Email Address: _____

Your Date of Birth: _____

(Needed to Log Controlled Substances If & When Dispensed)

How Did you hear about us? Google__ Yellow Pages__ Drive By__ Shelter__ Social Media__

Referred by a Friend: _____

Previous Veterinarian: _____ Phone Number: _____

PETS' INFORMATION

Pet's Name: _____

Species: Canine _____ Feline _____

Breed: _____

Color: _____

Sex: Male _____ Female _____

Spayed/Neutered? Yes ___ No ___

Date of Birth: _____

Pet's Name: _____

Species: Canine _____ Feline _____

Breed: _____

Color: _____

Sex: Male _____ Female _____

Spayed/Neutered? Yes ___ No ___

Date of Birth: _____

_____ I understand that full payment is due at the time of service.

_____ I agree to take full financial responsibility for the above mentioned pet's medical care.

_____ I understand that if my appointment is not canceled, I will be charged a missed appointment fee.

Signature: _____ Date: _____

Mesa Veterinary Hospital Client Conduct Policy

At Mesa Veterinary Hospital, we focus on the importance of a positive environment for our team members, clients, and patients. We expect everyone from all parties to remain civilized and act with respect, which will create the desired outcome for all. However, there are certain behaviors that can get in the way of such an experience. We operate with a zero tolerance policy with regard to violence and abusive behavior.

We will not tolerate:

- Foul or offensive language towards our staff
- Hostile verbal attacks
- Angry outbursts
- Direct or implied threats to our personal safety or reputation
- Aggressive or menacing behavior towards people or pets
- Destruction of property
- Harassment by repeated visits, calls, emails, or messages
- Any other objectionable behavior that disrupts our business and disturbs our veterinarians, team members, clients and/or patients.

Should any of our staff experience such an incident with any clients who engage in any of these behaviors while on clinic property will be given a warning. All staff members are authorized to contact law enforcement, if necessary to remove a disruptive or threatening client from our premises. This is in order to safeguard our practice staff, clients, and patients.

Our hospital management team is authorized to terminate the clinic's relationship with any client who, in their judgment, violates this policy. Copies of the patient's medical records will be sent immediately to the clients address on file, and no further services will be offered to the client or members of his or her household.

THANK YOU FOR UNDERSTANDING!

Client Signature: _____ **Date:** _____

Client Printed Name: _____