



CLIENT REGISTRATION

Client Name: _____	
Address: _____	Zip Code: _____
Cell Phone: (____) ____ - _____ Phone: (____) ____ - _____ Email: _____	
Would you like to receive text messages from TCVC regarding your pet's care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you active duty or retired military, or a full time first responder?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you over the age of 65?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Use of your information: General use. In general, personal information you submit to us is used to provide services, respond to requests that you make, or to aid us in serving you better. We will also use the information to contact you via email, phone call, or text for (1) phone number verification, (2) enrollment/activation activities, (3) response to your request/ inquiry, (4) encouraging or enabling your use of the Services including, but not limited to, specific features, (5) billing inquiries, (6) to provide users material updates related to the services.

Pets Name:	Breed:	Color:
DOB or Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Neutered <input type="checkbox"/> Female <input type="checkbox"/> Spayed	Microchipped? <input type="checkbox"/> YES <input type="checkbox"/> NO
Previous veterinary facilities where your pet has received care:		
Has your pet ever shown signs of fearful or protective behavior towards animal care handlers? <input type="checkbox"/> YES <input type="checkbox"/> NO		

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TCVC takes digital pictures of all patients in their medical file. By initialing here, you give TCVC your consent to share your pet's picture on social media and on our clinic slideshow. _____

HOW DID YOU HEAR ABOUT US ?

TCVC Website Google Search Facebook Yellow Pages Falcon Herald Client Referral: _____

Please initial after reading each statement carefully

- ____ I understand that my pet **MUST** be on a leash or in a carrier at all times while on TCVC property for safety.
- ____ I understand that if I need to cancel an appointment, it is requested that I do so 24 hours in advance.
- ____ I understand that it is requested that I arrive 5 minutes early for my appointments.
- ____ I understand that if I am more than 10 minutes late for my appointment, I may have a wait time.
- ____ I understand that payment is due at time of rendered services. If payment is not received at time of service I understand that my account will incur finance charges on the unpaid balance each month. Also, if payment is not received within 90 days of services I may be sent to collections and will incur all charges associated with collections.
- ____ I understand that if I do not call to cancel or fail to arrive for a scheduled appointment, I may be required to prepay for future visits.
- ____ It is requested that I inform the reception staff of any potentially contagious conditions prior to bringing my pet in to the lobby. (This will ensure the staff has a room available for the patient right away)
- ____ It is requested that I keep my pet in my arms in the lobby until it has received all puppy/kitten vaccines including the rabies vaccine.
- ____ I verify that this is my personally owned pet. This pet is not a foster pet and I am the sole/joint owner of this pet.

If this patient is a foster in your care, please list the Rescue or Organization below

_____	_____
Organization Name	Point of Contact (If any)

Organization Phone Number	

CLIENT CONSENT FOR CARE

_____	_____
Client Signature	Date

The following individuals are authorised to bring my pet(s) in for medical care:

Name: _____
Phone: _____

Name: _____
Phone: _____

If you fill out this form online please email it to us @ tcvetcenter@gmail.com, or bring it in with you. We also ask that you come in 10 - 15 minutes early to confirm/update your information.

Thank you for all your support from the Tender Care Veterinary Center Team !