Mission Veterinary Clinic

2451 Cabezon Blvd SE, Rio Rancho, NM 87124

505-389-4200

Scanned By: _____

CLIENT INFORMATION FORM

We do not take cash, American Express or checks.

We accept VISA, Discover, Mastercard Care Credit & Scratch Pay

Do you have a valid credit card to pay for today's services in full? Yes ☐ No ☐

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____

Preferred communication method: *Phone* ☐ *Email* ☐ *Texting* ☐

PET INFORMATION

Name: _____ Species: ☐ Cat ☐ Dog Age: _____

DOB: _____ Breed: _____ Color: _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female

What is the reason for your visit today? _____

Do you have Trupanion Pet Insurance? ☐ Yes No ☐

ADDITIONAL PET (if also being treated)

Name: _____ Species: ☐ Cat ☐ Dog Age: _____

DOB: _____ Breed: _____ Color: _____

☐ Male ☐ Neutered Male ☐ Female ☐ Spayed Female

In case of an emergency do you want us to resuscitate your pet? ☐ Yes No ☐

BLS/ Basic Life Support $500-$800 ☐ DNR/ Do Not Resuscitate ☐

If this is an Urgent Care Appointment, who is your primary care vet/clinic? _____

Please note: We will be in contact with your primary care veterinarian for all follow-up care.

All payments are due at the time services are rendered and will be charged accordingly.

Signature: _____ Date: _____

- **By signature above, I authorize my credit card(s) to be charged for all services/ payments owed.**
- **I also agree that I have read and understand the above statements and agree to all terms and conditions therein.**

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MISSION VETERINARY CLINIC URGENT CARE HOURS

TERMS & CONDITIONS

Mission Veterinary Clinic offers Urgent Care intake hours on Wednesday, Thursday, and Friday from noon to 10:30PM approximately. This service was established for the need of the community to assist pet owners with the availability of veterinary services on an Urgent Care need only and to be a care bridge between the pet owner's regular general practice veterinarian.

- As a condition of being seen during the Urgent Care hours, you understand and agree that you are seeking only urgent care for your pet. Your urgent care visit does not establish you as a general practice client of Mission Veterinary Clinic.
- As a condition of being seen during the urgent care hours you understand and agree that all follow-ups must be with your general practice veterinarian. If you do not have a general practice veterinarian, you will need to secure one to have a recheck and/ or follow-up completed.
- You agree that all records from your urgent care visit will be sent to your general practice veterinarian. If you currently do not have a general practice veterinarian, your records will be provided to a general practice veterinarian upon your request at such time as you obtain a general practice veterinarian follow-up or recheck appoint.

By signature below, you agree to and understand these terms and conditions.

_____

Printed Name

_____

Signature

Date:

MISSION VETERINARY CLINIC

CLIENT CODE OF CONDUCT

Mission Veterinary Clinic is here to offer you and your pet quality, professional, services. This includes a mandatory examination and corresponding fee. Based on your pets needs other diagnostic tests, procedures and services may be required and you will be provided an estimate of the potential cost.

We do our best during our general practice hours to stay on schedule, however there may be on occasion times when it cannot be helped, and we are running behind schedule. During our Urgent Care hours, all clients are seen on a triage basis, so you will be seen based on the severity of need. We realize that this may become frustrating and ask for your patience, understanding, and realization that our staff is working very hard to be available to your pets' needs.

As a condition of being seen at Mission Veterinary Clinic, we require that personal behavior is maintained in a civil and respectful manner to our staff. This means that no shouting, belligerence, yelling, swearing, abusive behavior, hostility and personal attacks of any kind will not be acceptable during your visit. If any of these types of behaviors are exhibited by you or anyone in your party, you understand and agree, that you, or anyone in your party, will be asked to leave the premises immediately. If you choose not to leave the premise or choose not to act in a manner that is civil and respectful to our staff, then the authorities may be called to assist.

We believe it unfortunate to have to put these terms and conditions in writing, however, there has been an increase in the deterioration of client personal behavior, accountability and consequence in veterinary medicine visitation, both locally and nationally, that we are now forced to formalize this as a term and condition of your pet being cared for at Mission Veterinary Clinic.

By signature below you agree to and understand these terms and conditions.

_____

Printed Name

_____ Date: _____

Signature