

Saguaro Veterinary Clinic

8426 E. McDonald Dr. • Scottsdale, AZ 85250 • T: (480) 948-1770 • F: (480) 483-1186 • saguarovet@yahoo.com

Surgery Deposit Agreement

Client Name: _____
Last Name First Name Spouse Name

Address: _____
Street City Zip Code

Cell Phone: _____ Home Phone: _____

Spouse Phone: _____ Email: _____

Are you a new client? YES / NO

Pet's Name: _____ Sex: MALE / FEMALE Spayed/Neutered: YES / NO

D.O.B: _____ Breed: _____ Color: _____

I understand that a 20% deposit for surgeries under \$500 or 10% deposit for surgeries over \$500 is required per patient at the time of scheduling surgery. If I need to reschedule or cancel the surgery for any reason I must give a 72 hour notice with a written notice, or the deposit will become nonrefundable. I also understand that payment is due in full at the time of drop off on the day of the surgery. I further understand that *payment must be in the form of cash or credit card for new clients - checks will not be accepted.*

Please have your pet to our office the morning of surgery between 7:00 AM - 10:30 AM or at the time of your scheduled procedure.

By signing below, I am acknowledging that I have fully read and understand the terms and conditions set forth above.

Signature: _____
(Handwritten)

Date: _____

Please e-mail or fax this agreement in order to schedule your pet's procedure.