

Saguaro Veterinary Clinic

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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 30% deposit 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 - 10:00 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: _____ Date: _____

(Handwritten)

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