



Western Arizona Humane Society Veterinary Clinic
2610 Sweetwater Ave • Lake Havasu City • AZ 86406 • (928)-846-8240

New Client & Patient Registration Form

Owner's Full Name: _____ Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

In case of emergency, who may we contact? _____ Phone Number: _____

Previous Veterinarian(s): _____ Are you over the age of 18? YES or NO

Pet's Name	Species	Breed	Color	DOB or Age	Sex	Altered

Please list the names of other persons that you authorize to consent for treatment and authorize us to release information to: *(Please note that we will not release your pet to family members/neighbors, etc without their names appearing below or by written consent from the pet's owner.)*

1. _____ 2. _____ 3. _____

_____ Initial if you consent to your animals photo being taken and used in any presentation of any and all kinds.

****In case of emergency, do you authorize us to resuscitate using any means possible could incur additional charges.****

If YES initial _____ If NO initial _____

I understand that if my pet(s) needs hospitalization that there is no staff available after hours at this facility. Initial _____

We have trained staff to restrain your pet for examination or treatment. Due to potential injury to yourself or our staff restraining your own pet is not permitted.

_____ Initial confirming the above information has been read and understood.

****Financial Agreement & Authorization****

No Show / Cancellation without 24 hour notice: deposit upon reschedule is required.

I hereby authorize the veterinarians to examine, prescribe for, and treat my animal(s). I also understand that **PAYMENT IS DUE AT THE TIME OF SERVICES. NO BILLING OR INVOICES ARE AVAILABLE.** We accept cash, debit card, or credit card only. I acknowledge and accept that, should payments not be honored by my bank, or credit\debit card organization to the Western Arizona Humane Society Veterinary Clinic for any reason, then I shall pay the full amount within (5) days of demand-including all applicable cost incurred by the Western Humane Society Veterinary Clinic for collection of those funds.

New Patients- \$25 appointment fee due at time of booking appointment. "No Show" without 24 hour notice, appointment fee is nonrefundable.

Client Signature: _____ Date: _____