

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

**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**

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| --- | --- | --- | --- | --- | --- | --- |
| **Pet’s Name** | **Species** | **Breed** | **Color** | **DOB or Age** | **Sex** | **Altered** |
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**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.**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**