



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

**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

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.

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