



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

**New Client & Patient Registration Form**

**A deposit of \$25.00 is required for all new patients at time of scheduling. This deposit is nonrefundable. No Call/No Show & Cancellations without 24-hour notice will require a \$25.00 deposit per pet to reschedule**

Owner's Full Name: \_\_\_\_\_ Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you over the age of 18? YES or NO

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

| Pet's Name | Cat or Dog | Breed | Color | DOB or Age | Sex | Fixed |
|------------|------------|-------|-------|------------|-----|-------|
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|            |            |       |       |            |     |       |

*(Please note that we will not release your pet to family members/neighbors, etc. without their names appearing below.*

1. \_\_\_\_\_ PH: \_\_\_\_\_ 2: \_\_\_\_\_ PH: \_\_\_\_\_

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

If YES initial \_\_\_\_\_ If NO initial \_\_\_\_\_

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

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

Do you consent to your pet's photo being taken and used in presentation of any and all kinds? Initial: \_\_\_\_\_

Do you confirm that all the above information has been read and understood? Initial: \_\_\_\_\_

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

No Shows & Cancellations without a 24-hour notice: A deposit per pet will required upon rescheduling.

I understand that **PAYMENT IS DUE AT THE TIME OF SERVICES. NO BILLING OR INVOICES ARE AVAILABLE.**

I hereby authorize the veterinarians to examine, prescribe for, and treat my animal(s). 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: \_\_\_\_\_ Phone Number \_\_\_\_\_ Date: \_\_\_\_\_