



## New Client Registration Form

### Client Information

Owner/Agent Name	
Spouse/Other name to be on file	

### Address Information

Mailing Address			
City		State	
Zip Code		County	
Physical Address			
City		State	
Zip Code		County	

### Contact Information

Phones:	Please indicate the best # to reach you with an *				
Home		Cell		Work	
E-Mail					

### Employer Information

Name of Employer	
Address	
Phone	

### Pet Medical Records

Name of previous veterinary clinic(s)	
Contact information to obtain medical records (phone)	
HVS is authorized to request medical records: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> <li>In order to provide the best care for your pet, it is essential that we have a complete medical history available for review</li> <li>For the safety of your pet and our staff we <i>must</i> document the vaccination status</li> </ul>	

Hassayampa Veterinary Services appreciates your business today. We would like to remind you that **payment is due** at the time services are rendered or at the time of patient discharge from the hospital. Thank you for your understanding and cooperation.



\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date