4635 E. Thomas Road
Phoenix, Az 85018
(602) 955-5500 FAX (602)955-0215
www.dvah.com

CLIENT & PET REGISTRATION
(Confidential)

v 0513

WELCOME

To ensure the best service possible, please take the time to fill in this form completely.

Client Information

Name: ____

Street Address: ____

City: ____________________ State: ________________ ZIP Code:________________

Home Phone (   ) ____________________ Cell Phone (   ) ____________________

Employer: ____________________ Work Phone (   ) ____________________

Spouse/Other: ____________________ Cell Phone (   ) ____________________

Email: ____

Email address will be used for the sole purpose of communicating medical information.
(ie: appointment reminders, treatment reminders)

How did you hear about us?: ____

Pet Information

	Pet 1	Pet 2	Pet 3
Name			
Breed/Species			
Male/Female			
Spayed/Neutered			
Date of Birth			
Indoor/Outdoor/Both			
Color			
Microchip ID or Tattoo			
Allergies			
Current Medications			
Medical Alert			

Payment Policy

Full payment is due upon rendering of services. Deposits may be required at the start of treatment for major medical procedures. We accept debit cards, credit cards (Visa, Mastercard, Discover, American Express) checks and cash.

I agree to pay any costs and charges necessary to the collection of any amount not paid when due.

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on vaccines according to hospital policy, and free of internal and external parasites. I hereby authorize treatment of my pet(s) by the doctors at this hospital.

Signature of Owner or Owner's Representative: ____________________ **Date:** __________