



Paws and Claws Animal Care

New Client Form



Your Information

Name: _____ Phone: (____) ____ - _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Secondary Contact: _____ Phone: (____) ____ - _____

Your Pet's Information

Pet's Name: _____ Date of Birth: _____

Dog Gender: Male Spayed/Neutered: Yes
 Cat Female No

Breed: _____ Color: _____ Markings: _____

Known Drug Allergies None Yes (Please Specify): _____

Prior Surgery(ies) None Yes (Please Specify): _____

Current Medication None Yes (Please Specify): _____

Diet Restrictions or Supplements? No Yes (Please Specify): _____

Reason for Today's Visit: (Things we should know before being seen): _____

2nd Pet's Name: _____ **Date of Birth:** _____

Dog Gender: Male Spayed/Neutered: Yes
 Cat Female No

Breed: _____ Color: _____ Markings: _____

Known Drug Allergies None Yes (Please Specify): _____

Prior Surgery(ies) None Yes (Please Specify): _____

Current Medication None Yes (Please Specify): _____

Diet Restrictions or Supplements? No Yes (Please Specify): _____

Comments: _____

Pet Parent's Name: _____

3rd Pet's Name: _____ **Date of Birth:** _____

Dog Gender: Male Spayed/Neutered: Yes
 Cat Female No

Breed: _____ Color: _____ Markings: _____

Known Drug Allergies None Yes (Please Specify): _____

Prior Surgery(ies) None Yes (Please Specify): _____

Current Medication None Yes (Please Specify): _____

Diet Restrictions or Supplements? No Yes (Please Specify): _____

Comments: _____

4th Pet's Name: _____ **Date of Birth:** _____

Dog Gender: Male Spayed/Neutered: Yes
 Cat Female No

Breed: _____ Color: _____ Markings: _____

Known Drug Allergies None Yes (Please Specify): _____

Prior Surgery(ies) None Yes (Please Specify): _____

Current Medication None Yes (Please Specify): _____

Diet Restrictions or Supplements? No Yes (Please Specify): _____

Comments: _____

5th Pet's Name: _____ **Date of Birth:** _____

Dog Gender: Male Spayed/Neutered: Yes
 Cat Female No

Breed: _____ Color: _____ Markings: _____

Known Drug Allergies None Yes (Please Specify): _____

Prior Surgery(ies) None Yes (Please Specify): _____

Current Medication None Yes (Please Specify): _____

Diet Restrictions or Supplements? No Yes (Please Specify): _____

Comments: _____

Pet Parent's Name: _____

6th Pet's Name: _____ **Date of Birth:** _____

Dog Gender: Male Spayed/Neutered: Yes
 Cat Female No

Breed: _____ Color: _____ Markings: _____

Known Drug Allergies None Yes (Please Specify): _____

Prior Surgery(ies) None Yes (Please Specify): _____

Current Medication None Yes (Please Specify): _____

Diet Restrictions or Supplements? No Yes (Please Specify): _____

Comments: _____

Previous Veterinarian/Clinic (If Applicable): _____

_____ (Please initial to allow us to request medical records from previous veterinary clinic.)

Do you have additional pets? No Yes (If Yes, please ask the receptionist for another form)

How did you learn about Paws and Claws?

Word of Mouth Yellow Pages Our Website Facebook Social Media

Online Review Other: _____

I hereby authorize the veterinarians of Havasu Paws and Claws to examine, prescribe for, or treat the described pet. By signing I understand that I am responsible for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit of fifty percent of estimated cost may be required for hospitalization or surgical procedures. Visa, MasterCard, Discover, Care Credit, Scratchpay, and cash are all acceptable forms of payment. We do *not* accept personal checks or American Express. All payment is due at time of service. Havasu Paws and Claws utilizes tablets and phones to take picture(s), pictures taken are used medical charts and diagnostic purposes only. In addition, I agree to the hospital's terms and conditions as explained below.

Havasu Paws and Claws hours of operation are Monday through Friday, 9:00am-5:00pm. We offer urgent care appointments on weekdays from 9:00am-3:30pm for our clients that need to be seen on short notice for *urgent* medical concerns. Any immediate medical needs after 3:30pm, Monday-Friday are considered emergencies. Our clinic is available for our clients after-hours Monday at 3:30pm through Friday at 8:59am, however we are not always the on-call clinic during weekend hours (Fridays at 3:30pm to Mondays at 8:59am). Weekend emergency duty is on rotation between our clinic, Lange Veterinary Center, Animal Hospital of Havasu, and McGuire Veterinary Services. If we are ever not on-call during a weekend where our clients need emergency services, you can still call us. Our phones will automatically forward you to one of these clinics and they *will* be able to care for you and your pet. *please note: we have no control over the costs for other clinics' services.

We have a lot of amazing clients, some old and some new. Please understand that we wish we had availability that could accommodate everyone right away, but we are generally scheduling 3-4 weeks in advance for non-urgent appointments, and we do require a minimum of 48 hours for medication refill requests. We ask that you plan accordingly to give us enough time for medications you may need refilled, and for scheduling vaccine updates and annual exams.

Havasu Paws and Claws has an amazing team of staff members. We **will not** tolerate obscene, vulgar, or abusive treatment or language towards any of our staff. We reserve the right to refuse service to anyone.

Signature _____

Date _____

