Haven Humane Spay and Neuter Clinic
Client Registration Form

7449-A Eastside Road • Anderson, CA 96007 • (530) 241-1658

Client ID Number_____

Name: _____ **Birthdate:** _____
Last First Middle

Medical/Medicare *Yes/No* Number_____ **E-mail:** _____

Driver's License or I. D. Card Number: _____ **Expiration date:** _____

Address: _____
Street number and name City State Zip Code

Occupation: _____ **Employer:** _____
Name

_____
Address City State Zip

Telephone Numbers:
(please include area code)

Home:(_____)_____-_____ **Work:(_____)_____-_____** **Cell:(_____)_____-_____**

Alternate Contact: _____**Phone:** _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- **In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of Haven Humane Spay and Neuter Clinic, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.**
- **It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.**
- **Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.**
- **I understand that this is not an emergency clinic and therefore staff is not on the premise after hours.**
- **I understand that I have the right to request a written prescription to be filled elsewhere.**
- **I understand the veterinarians at Haven Humane Society recommend my animal be fully vaccinated at all times to ensure the health of my pet.**

Signature:_____ **Date:**_____