



1095 S UVX Rd
 Cottonwood, AZ 86326
 928-646-DRMO

NEW CLIENT REGISTRATION/QUESTIONNAIRE

Owner: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Employer: _____ Occupation: _____

PET INFORMATION

Name of Pet: _____ Species: Dog Cat Other

Breed: _____ Microchip? Yes No Sex: Male Female

Age: Years: _____ Months: _____ Spayed/Neutered: Yes No

Color: _____ Is your pet on preventative heartworm medication? Yes No

DATE OF LAST VACCINATIONS:

DISTEMPER	PARVO	LYME	RABIES	BORDETELLA	FVRCP	FELV

Areas your pet has lived besides the Verde Valley? _____

Problems we should be aware of: chronic illness, allergies, medications, etc?

We at Verde Valley Roaming Veterinary Services strive to provide your pet(s) with the utmost in quality care-at reasonable rates. Our regular office hours are by appointment only, Monday thru Friday 9:00 AM-5:00 PM. We are closed on weekends and after hours. Due to the nature of our services, we are unable to provide emergency veterinary care and hospitalization services.

Verde Valley Roaming Veterinary Services does not offer a billing option. Payment is expected at the time of services. Cash, Check, Visa, Mastercard, and Discover are accepted. We provide quotes for routine service on request. In the event that an account is not paid, in full, when due, it will bear interest at the rate of 2% per month (24% APR). Any checks returned by the bank for non-payment/insufficient funds will incur a \$25.00 service fee. Client further agrees to pay all costs of collection and reasonable attorney fees, if this matter is referred to an attorney for collection. By signing below you are agreeing to all above terms.

By signing below you also agree to not hold Verde Valley Roaming Veterinary Services LLC, or its employees liable for any personal injury sustained while entering, within, or exiting our mobile clinic.

Signature _____ Date _____ Referred by _____

Drivers License # _____ State _____ Expiration Date _____ Date of Birth _____