

Welcome

Thank you for giving Desert Hills Pet Clinic the opportunity to care for you pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take time to fill in this form completely. Thank you!

Owner: _____ Date: _____

Spouse: _____ Co-Owner _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____ E-mail address: _____

Place of Employment: _____

Spouse/Co-owner Place of Employment: _____

Emergency Contact: _____ Phone: _____

How did you learn of our clinic? Yellow Pages Sign

Web page Recommendation

If Recommendation, who can we thank? _____

Admission Agreement

I agree to make payment in full upon discharge of my pet unless qualified for a payment plan. Charges not paid for at the time of examination may accrue a 12% per annum finance charge. If sent to collections, I agree to pay attorney's fees and court costs in addition to any accrued finance charges along with the principle balance. A fee of \$25.00 will be assessed for each check that is returned for non-sufficient funds.

If appointments are made and not cancelled with notice prior to the appointment, I understand that a fee of up to \$40.00 for each appointment time missed may be charged to me and I further agree to pay such charges.

I also understand that medical personnel are not present at Desert Hills Pet Clinic after the normal business hours and referral to an emergency clinic (24 hour facility) is always available.

Signature of owner: _____ Date: _____