

CLIENT INFORMATION:

Dr. /Mr. /Mrs. /Ms. (First & Last) _____ Spouse _____
Address: _____ Apartment or Unit #: _____
City: _____ State: _____ Zip: _____ Home Phone: (____) _____
Work Phone: (____) _____ Cell Phone: (____) _____

BEST Contact (please circle one): **Cell** **Home** **Work** Employer: _____

Drivers License Number: _____ State: _____ Exp: _____

Emergency Contact (other than self): _____ Phone: (____) _____

How did you hear about us (check one)? Drove By Previous Client **Walk-In** Personal Referral
 Advertisement Internet (What Site?) Other _____

Who may we thank: _____ **\$20 credit for the referring client**

Please list an e-mail address to receive reminders and hospital updates: _____ @ _____

<u>PATIENT INFORMATION:</u>	PET ONE	PET TWO	PET THREE
PET NAME:			
SPECIES: (DOG/ CAT)			
PREDOMINANT BREED:			
DATE OF BIRTH:			
PRIMARY COLOR(S):			
SEX:	MALE / FEMALE	MALE / FEMALE	MALE / FEMALE
ALTERED:	Neutered / Intact / Spayed	Neutered / Intact / Spayed	Neutered / Intact / Spayed
MICROCHIP NUMBER:			
<u>PREVIOUS HISTORY:</u>			
K9 DA2PP (DISTEMPER/PARVO)			
BORDATELLA (KENNEL COUGH)			
HEARTWORM TEST:			
PARASITE EXAM:			
RABIES VACCINE:			
FELINE FVRCP:			
FELINE LEUKEMIA:			
FELINE LEUKEMIA TEST:			
PLEASE LIST ANY ALLERGIES, CURRENT MEDICATIONS, MEDICAL CONDITIONS, BEHAVIOR ISSUES OR OTHER INFORMATION:			

- **I hereby acknowledge that Desert View Animal Hospital does not bill for its services. Payment is due at the time services are rendered. All clients are entitled to request a written estimate prior to receipt of any service. If for any reason fees are not paid, finance charges will be charged at 2% per month (24% per annum on the unpaid balance). A \$25 fee will be charged for returned checks. By signing below, client agrees to pay all collection fees, attorney fess, and administrative fees incurred in the collection of any unpaid balance.**
- **I hereby acknowledge that Desert View Animal Hospital is not a 24-hour facility and does not have staff on duty during non-business hours. In case of emergency, we recommend VetMed located at 20610 N. Cave Creek Rd Phoenix, AZ 85024. Phone Number (602) 697-4694.**
- **I grant Desert View Animal Hospital, it's representatives and employees the right to take photographs of my pet in connection with the above-identified subject. I authorize Desert View Animal Hospital, its assigns and transferees to copyright, use and publish the same in print and/or electronically for any lawful purpose, including for example such purpose as publicity, illustration, advertising, and web content.**

SIGNATURE: _____ **DATE:** _____