



Welcome To Desert Veterinary Clinic, PLC

WE STRIVE TO MAKE EACH OF YOUR
PET'S VISITS PLEASANT AND COMFORTABLE

Responsible party: LAST name _____ FIRST _____

Address _____ City _____ State _____ Zip _____

Primary e-mail _____ @ _____

Phone: Home _____ Cell _____ Driver's Lic. # _____

Spouse/Responsible Party: Name _____ SPOUSE'S Phone: Cell _____

- HOW DID YOU FIND OUT ABOUT US? Yellow Pages ___ Internet ___ Drive by ___ Friend (WHO?) _____
- IS YOUR PET A: Family member ___ Child's pet ___ Outside only pet ___ Service animal ___ Guard Dog _____
- HAVE YOUR PET(S) TRAVELED OUT OF THE AREA? YES ___ NO ___ WHERE? _____ WHEN? _____
- PLEASE NOTE ANY BEHAVIOR PROBLEMS NEEDING ASSISTANCE _____

Pet Name	Species	Breed	Sex M/F	Color	D.O.B or Age	Spayed/Neutered Y/N

Preferred method of payment (circle one):

Master Card Visa Discover American Express Care Credit Check Cash

I certify that I am 18 years of age or older and that I am legally and financially responsible for the treatment my pet(s) receives at Desert Veterinary Clinic. I hereby authorize the veterinarian to examine, prescribe for, and treat my animal(s). I understand that **FULL PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED and that a DEPOSIT IS REQUIRED FOR ANY HOSPITALIZED PET.** I have read and understood Desert Veterinary's Clinic billing policy and I accept responsibility for all fees. I understand if I fail to pay as agreed, legal action will be taken against me. I understand that there are no staff members on the premise after hours. Phone calls after hours will be forwarded to the answering service and the doctor on call will be called with any medical emergencies.

- I authorize the use of the name and/or picture of my pet(s) for media purposes such as Facebook etc at any time
- I do NOT authorize the use of the name or picture of my pet(s) for media purposes.

Responsible Party's Signature _____ Date _____