

**DESERT HILLS ANIMAL CLINIC**

7120 Wyoming Blvd. NE, Suite 3B

Albuquerque, NM 87109

(505)821-4990

*NOTE: Any information provided on this form is Confidential. It will not be surrendered for public use.*

**Owner Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Primary) Last First Middle

Name \_\_\_\_\_  
(Secondary) Last First Middle

Address \_\_\_\_\_  
Street Box/Apt# City/State Zip

Phone \_\_\_\_\_  
Home Mobile Secondary Mobile

Employer \_\_\_\_\_  
Phone

Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

E-Mail address (Optional) \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Furry Family Member Information**

Pet's Name (1) \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Sterilized \_\_\_\_\_

Pet's Name (2) \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Sterilized \_\_\_\_\_

Would you like us to request your pet's medical records? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Previous Veterinary Clinic \_\_\_\_\_

How will you be paying for today's visit? Please select one of the following:

- Cash  Credit card (MC/Visa/Debit)

**NO CHECKS ACCEPTED**

**\*\*Full Payment for your pet's care is required at time of service. \*\***

**\*\*24 hours cancellation notice is required. If notice is not given \$25.00 will be charged.\*\***

I Agree to the terms stated above and take responsibility for the full payment of all services rendered for my pet's care, including interest (1.5% per month), delinquent, collection, court, and/or attorney's fees.

Signature: \_\_\_\_\_ Date \_\_\_\_\_