

DESERT HILLS ANIMAL CLINIC

6501 WYOMING BLVD NE BLDG A

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

Driver's 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 \$50.00 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.

**Sign
Here**

Signature: _____ Date _____