



Owner/Patient Registration Form

Visit Us at

www.deserttailsanimalclinic.com

Return Form to info@deserttailsanimalclinic.com

Date:			
Last Name:		First Name:	
Co-owner Last Name:		Co-owner First Name:	
Address:		City:	State: Zip:
E-Mail Address:		Home Phone:	Cell Number:
Emergency Phone:		How were you referred to us? Personal referral (Name)	

Pet's Name:		
Date of Birth:		
Canine: <input type="checkbox"/>	Feline: <input type="checkbox"/>	Exotic: <input type="checkbox"/>
Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Spayed/Neutered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Breed:	Color/Markings:	
Date of Last Vaccines:		
Any Known Illness or Conditions:		
Please list any medications:		

- We are not staffed 24 hours a day.
- After-hours care is available at the closest emergency clinic.
- After-hours care is at the discretion of the veterinarian.
- Federal Law prohibits the dispensing of certain medications without examination or prescription.
- Some prescriptions may be available at your local pharmacy. Please ask for information at the front desk.
- Payment is due at the time services are rendered
- Your understanding is appreciated. Thank you.

I have read and fully understand the above statements. I assume full responsibility for all charges incurred in the care of said animal(s). I also understand that payment will be made at time of release and that a deposit may be required prior to any treatment.

Signature of Owner or Responsible Party:

Owners Date of Birth

Due to the new AZ Pharmaceutical Statutes, the owners date of birth is required if a controlled substance is to be dispensed