



# Client Registration Form

Visit Us at

[www.deserttailsanimalclinic.com](http://www.deserttailsanimalclinic.com)

Return Form to [reception@deserttailsanimalclinic.com](mailto:reception@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:
Employer Name:		Work Phone:	
Employer Address:			
Emergency Phone:		How were you referred to us? Personal referral (Name)	

For Personal Checks:

Driver's License Number:		State Issued:	
Date of Birth:		Expiration Date:	

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

Credit Card Type:		Card Number:	
Expiration Date:			
Signature:			

- **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:

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