

# Client Registration Form

This form must be completed before your animal can be seen by Desert View Animal Hospital. For current patients the form must be filled out annually.

## Owner Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_ Other Contact \_\_\_\_\_  
E Mail \_\_\_\_\_  
Employer \_\_\_\_\_  
Whom may we thank for referring you to us? \_\_\_\_\_

## Animal Information #1

Name \_\_\_\_\_ Registered Name \_\_\_\_\_  
Age or Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Spayed/Neutered \_\_\_ Yes \_\_\_ No  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_  
Microchip/Tattoo/Brand \_\_\_\_\_ Location \_\_\_\_\_  
Other Information \_\_\_\_\_

## Animal Information #2

Name \_\_\_\_\_ Registered Name \_\_\_\_\_  
Age or Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Spayed/Neutered \_\_\_ Yes \_\_\_ No  
Species \_\_\_\_\_ Breed \_\_\_\_\_ Color(s) \_\_\_\_\_  
Microchip/Tattoo/Brand \_\_\_\_\_ Location \_\_\_\_\_  
Other Information \_\_\_\_\_

## Payment of Fees

Effective communication and understanding of practice fees and financial policy are vital to establish and maintain a rewarding professional relationship between client and veterinarian. Payment of fees is due at the time veterinary services are rendered unless prior charging has been established. If your pet is insured please plan on paying for our veterinary services directly. We do not bill insurance companies - only patient owners. Insurance arrangements do not affect when payment for veterinary services is due.

**PAYMENT IS DUE AT THE TIME OF SERVICE.** A deposit is required when an animal is hospitalized with the remainder of the bill due when the animal is released to the owner. For elective procedures payment is due when the animal is released to the owner. We accept payment in cash or by check, Visa, MasterCard, Discover or Care Credit. **Should you fail to pay at any time any portion of the bill for your pet's care, you agree to pay the costs of all delinquency charges, collection charges and reasonable attorneys' fees. Delinquency charges are 50% of the unpaid balance.** Our receptionists create all invoices from charts and travel sheets filled out during your pet's exam and stay. If someone acts as your agent then you will need to send a payment check with the appointment or call our office in advance to give us your credit card information for payment. We will mail an invoice with a copy of your check or credit card receipt.

Billing office should contact \_\_\_\_\_ owner \_\_\_\_\_ agent.

Please list Authorized Agents \_\_\_\_\_

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

Print Name \_\_\_\_\_