



**Desert Hills**  
**ANIMAL CLINIC**  
*Family Healthcare for your Pet*

Bryan Neidigh, DVM  
 Jason Gold, DVM  
 Cheryl Rahal, DVM ACVIM

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Spouse/Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_  
 email: \_\_\_\_\_  
 Previous Veterinarian: \_\_\_\_\_  
*(You must personally request transfer of medical records in writing from your previous vet)*  
 How did you hear about us? \_\_\_\_\_  
*Ask about our \$10 referral credit!*

**PATIENT INFORMATION**

Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Male or Female  
 Breed: \_\_\_\_\_ Coat color: \_\_\_\_\_ Altered? Y or N  
 Pertinent medical history and medications: \_\_\_\_\_  
 Do you have pet insurance? Y or N

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 Pet Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_ Male or Female  
 Breed: \_\_\_\_\_ Coat color: \_\_\_\_\_ Altered? Y or N  
 Pertinent medical history and medications: \_\_\_\_\_  
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**Desert Hills Animal Clinic Policy**

- 1) **ALL FEES ARE DUE AT TIME OF SERVICE.** No credit will be extended. We attempt to keep our fees reasonable, a billing service only adds to the cost of business. **DEPOSITS ARE REQUIRED FOR ALL HOSPITALIZED PATIENTS.**
- 2) **There is NOT 24 HOUR OBSERVATION of hospitalized patients.** All patients staying after hours will not be continually monitored. A nurse may be available to perform periodic checks. All critically ill patients will require transfer to an emergency/after-hours care clinic.
- 3) You will be required to sign separate consent forms for various procedures including, surgery, anesthesia, medical therapies, or euthanasia.
- 4) Once patients are discharged, the **OWNER OR AGENT WILL ASSUME ALL RESPONSIBILITIES FOR HOME CARE.** Written instructions will be provided upon request.
- 5) Many of the medications dispensed to your pet may be available at a local pharmacy. Upon request, a prescription will be furnished, if you wish to purchase medications at a separate location.

I have read this policy statement in its entirety and agree to the terms.

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