

Desert Hills Animal Hospital

760 E. Lincoln Way

Sparks, NV 89431



deserthillsanimalhospital@gmail.com

www.deserthillsanimalhospital.com

775.331.4700

Thank you for giving us the opportunity to care for your pet(s).
Please complete the following so that we can become more acquainted.

Pet Owner's Information:

First Name: _____ Last Name: _____ Spouse Name: _____

Mailing Address: _____ Apt: _____ City _____ St: _____ Zip: _____

Home Address: _____ Apt: _____ City _____ St: _____ Zip: _____

Employer: _____ Spouse's Employer: _____

Are you over 18 years of age? Yes No

Do we have permission to take/post pictures of your pet(s) on our Social Media/website? Yes No

Contact Information:

Primary Contact: _____ Primary Phone.....() _____ Home Work Cell

Alternate Phone...() _____ Home Work Cell

Secondary Contact: _____ Primary Phone.....() _____ Home Work Cell

Alternate Phone...() _____ Home Work Cell

Email Address: _____

Other persons over the age of 18 authorized to make decisions on this account:

Name: _____ Relationship: _____ Phone: () _____

Patient Information: Animal to be seen

Name: _____

Species: _____

Breed: _____

Color/Description: _____

Sex: Male / Neutered Female / Spayed

Date of birth / Approx. Age: _____

Patient History:

Previous Veterinary Hospital: _____

Date of Previous Vaccinations: _____

Current Medication: _____

Special Diet: _____

Medical Conditions: _____

Allergies to Medications or Vaccines: _____

I hereby authorize Desert Hills Animal Hospital to exam, prescribe for, and/ or treat my pet. I understand that Desert Hills Animal Hospital does not bill and that all fees are to be paid in full at time of service. I also assume full responsibility for all charges incurred in the care of the animal. Any unpaid balance will be immediately turned over to a collection agency and an administration fee will be added to my bill.

Signature of Responsible Party: _____ Date: _____