



## Alpine Animal Hospital New Client Registration Form

**Client Name:** \_\_\_\_\_

Driver's License Number/State (*if paying with check*): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/Zip:** \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

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**Phone Number(s):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Contact: (*circle one*) HOME / WORK / EMAIL / CELL → (No Texting)

**Spouse/Significant Other/Alternative Contact Information:**

Name: \_\_\_\_\_

Relation to Client: \_\_\_\_\_

Best Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Are they permitted to make medical/financial decisions for the animals listed on your account? **YES / NO**

Would you like us to obtain medical records from your previous veterinarian? **YES / NO**

**Clinic/Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I, \_\_\_\_\_ (*client name*), hereby permit Alpine Animal Hospital and its staff to obtain previous medical records for \_\_\_\_\_ (*pet(s) name*).

**How did you hear about us?** Sign / Online / Google / GPS / Other: \_\_\_\_\_

(*If a friend recommended us, please give us a name so that we can give them future discounts!*)

I, \_\_\_\_\_ (*client*), understand that payment in full is due at the completion of each service. If I have a financial concern I understand that it is my responsibility to let the staff of Alpine Animal Hospital know prior to services being administered to my pet. If I do not make my financial concerns known prior to the administration of services, which includes an exam appointment, I understand that I am responsible for payment for such services at the completion of the appointment. I acknowledge that if payment is not received at the completion of services rendered, I will be held financially responsible for any and all collection and/or legal fees in addition to the original invoice.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*