



Alpine Animal Hospital

New Client Registration Form

Client (Owner) Name: _____

Address: _____

City/Zip: _____

Pet Name: _____ Age: _____ Breed: _____ Sex: Female / Male / Spayed / Neutered

Pet Name: _____ Age: _____ Breed: _____ Sex: Female / Male / Spayed / Neutered

Pet Name: _____ Age: _____ Breed: _____ Sex: Female / Male / Spayed / Neutered

Phone Numbers:

Home: _____ Cell: _____ Work: _____

Employer: _____

We send emails for vaccine reminders, test results, and as a way of communicating outside normal office hours

Email Addresses: _____

Preferred First Method of Contact: (circle one) HOME / WORK / EMAIL / CELL / TEXT

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 thank them!)

I, _____ 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. We accept cash, care credit, all major credit, and debit cards. Unfortunately, we do NOT accept checks.

Signature

Date