

Welcome to Alpine Animal Hospital



Please fill out the information below as completely as possible so we can best serve you and your special companion(s)!

For Office Use Only: Client ID# _____

Mr. Mrs. Ms. Dr.

Today's Date: ____/____/____

First name: _____ M.I.: _____ Last: _____

Cell Phone: _(____)_____ Home Phone: _(____)_____

Address: _____ APT # _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____ Work Phone: _(____)_____

Email Address: _____ Text Reminders? Yes No

Secondary Owner (Spouse, Roommate, Partner, etc.) _____ Phone: _(____)_____

Employer: _____ Occupation: _____ Work Phone: _(____)_____

How did you hear about us?

Newspaper Community Update Hospital Sign Internet Facebook Other (specify): _____

Referral (whom may we thank?) _____

Method of Payment Today:

Payment is required at time of service. For your convenience we accept Visa, MasterCard, Discover, Care Credit, cash, or check (with valid driver's license). Our online payment portal can also accept American Express.

Please check one: Check Cash Debit/Credit Care Credit

Treatment Consent and Authorization:

I give permission for photos of my pet to be taken and used for Alpine's print or digital marketing: Yes No

I hereby authorize Alpine Animal Hospital to examine, prescribe for, or treat the above described pet, and any future pets not described that I bring to Alpine Animal Hospital for treatment. I assume responsibility for all charges incurred in the care of the animal(s). I also understand that all professional fees are due at the time services are rendered.

Signature of Responsible Party for Pet(s): _____ Date: _____

Pet Information

Name: _____ Age/Birthday: _____ Species (cat, dog, etc.): _____

Breed: _____ Color: _____ Male Neutered Female Spayed

Does your pet have any allergies? No Yes Please explain (if known): _____

Has your pet had a reaction to vaccines or medications? No Yes Please explain: _____

List any major surgeries/health problems your pet has had: _____

List any behavior problems we need to be aware of: _____

List any food/treats you give your pet: _____

List any medications/supplements you're giving: _____

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