



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

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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Thank You!!!

Welcome to Alpine Animal Hospital



Welcome to Alpine! Please fill out the information below as complete 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: _____ Middle: _____ Last: _____

Cell Phone: _____ Home Phone: _____

Address: _____ APT # _____

City: _____ State: _____ Zip: _____

Employer: _____ Occupation: _____ Work Phone: _____

Email address: _____ Text Reminders okay yes no

Secondary Owner (Spouse, roommate, partner etc.) _____ Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

How did you hear about us?

Yellow Pages Newspaper Television Hospital Sign Radio Internet (Specify): _____

Referral (Whom may we thank?) _____ Other: _____

Method of Payment Today:

Payment is required at time of service. For your convenience we accept Visa, MasterCard, cash, or check (with valid driver's license).

Please check one: Check Cash Debit/Credit Care Credit

Treatment Consent and Authorization:

I hereby authorize Alpine Animal Hospital LLC 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 THAT SERVICES ARE RENDERED.**

Signature of guardian responsible for pet(s): _____ Date: _____