

Client Information

Thank you for giving Alta Vista Veterinary Clinic the opportunity to care for your pet. So that we may become acquainted and serve you better, please complete the following:

Owner: _____
Last First

Address: _____
Number and Street & Unit # City State Zip Code

Main #: _____ (cell/hm). Alternative #: _____ (cell/wk)

Owner's Email Address: _____

Place of
Employment: _____
Name Phone Number

Contact Request:
Best Number to reach you at: Home (), Cell (), Work ().
Best time to call: _____.

Co-Owner: _____ Main #: _____ (cell/hm/wk).
Last First

Co-Owner's Email Address: _____

How did you find our hospital? Please circle one of the following:
Drive By:..... Sign, Location
Internet Search:..... Bing, Google, Yahoo, Yelp, Yellow Pages, Other
Personal Recommendation:... If so, who may we thank? _____
Phonebook:..... AT&T, Valley, Verizon, Other
Website:..... Altavistavetclinic.com

WE DO NOT ACCEPT CHECKS AND DO NOT DO BILLING. Payment must be paid in full at the time of service.

I authorize and understand that I (or my agent) am responsible for all charges for services rendered to my pet(s) at Alta Vista Veterinary Clinic, and that all fees are to be paid in full upon the release of the patient to the owner or agent. By signing this form, you are agreeing to the terms of this account.

Signature: _____ Date: _____

For Staff use only/Date of information check
