



Client # _____

CLIENT INFORMATION

Client/Owner's Name _____

Last

First

Spouse/Partner's Name _____

Last

First

Home Address _____

Street

City

State

Zip

Home Phone _____ Work Phone _____

Cell Phone _____ Spouse Cell/Work _____

Email _____

How did you hear about Altos Veterinary Clinic?

Altos Veterinary Clinic will not sell or share your personal information.

Thank you for choosing Altos Veterinary Clinic. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Altos Veterinary Clinic requires payment in full at the end of your pet's examination and/or at the time of discharge.

Payment Options: Cash, Check, Visa[®], MasterCard[®], Discover Card[®], or American Express[®], Convenient Monthly Payment Plans¹ from CareCredit[®].

Altos Veterinary Clinic charges \$20 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

For office use only:

¹Subject to credit approval