

Client Information

Client / Owner Name: _____ Phone #: _____
 Spouse / Partner Name: _____ Phone #: _____
 Address: _____ City: _____ Zip: _____ State: _____
 Email: _____
 Previous Veterinarian: _____
 City: _____ State: _____ Phone #: _____
 How did you hear about Altos Veterinary Clinic? _____

Patient Information

Pet's Name: _____
 Birthdate/Approximate Age: _____ Color/Markings: _____
 Species: Feline Canine Other Breed: _____
 Sex: Spayed Female Female Neutered Male Male
 Any previous reactions to vaccines: No Yes If so, to what: _____
 Any current medications: No Yes If so, to what: _____
 Any health concerns: No Yes If so, to what: _____
 Any other concerns: No Yes If so, what: _____

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 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. By signing below, you agree to the foregoing terms of payment: Cash, Check, American Express®, Discover Card®, MasterCard®, Visa® or, Care Credit®. Altos Veterinary Clinic charges \$20 for returned checks. For clients with pet insurance, we are happy to provide you with necessary documentation to submit a claim to your insurance carrier.

By signing this form, I understand that Altos does have a failed appointment policy. Failed appointments are defined as those for which a patient does not appear, or the patient shows up more than 10 minutes late (unless the office is notified of a late arrival time). After three failed appointments a deposit of 50% of the estimated total will be asked to be paid forward.

Using the boxes given below please indicate the privileges allowed to TLWLT Inc., DBA Altos Veterinary Clinic

- By signing below, I authorize TLWLT Inc., DBA Altos Veterinary Clinic to take and publish photographs and or videos for use in Altos Veterinary Clinic' print, online and video-based marketing materials, as well as other company publications. I hereby release and hold harmless Altos Veterinary Clinic from any reasonable expectation of privacy or confidentiality associated with any such photographs and/or videos confers no rights of ownership or royalties whatsoever and hereby release Altos Veterinary Clinic, its contractors, its employees, and any third parties involved in the creation of publication of marketing, from liability for any claims by me or any third party in connection with my participation.
- By signing below, I do not authorize TLWLT Inc. and DBA Altos Veterinary Clinic to take and publish photographs and or videos.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

 Client/Owner Signature Date

*Subject to Credit Approval