

## 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? \_\_\_\_\_  
 Do we have permission to send SMS messages to the phone number(s) provided above?  No  Yes

## Patient Information

Pet's Name: \_\_\_\_\_  
 Birthdate/Approximate Age: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
 Species:  Feline  Canine  Other Breed: \_\_\_\_\_  
 Sex:  Female  Spayed Female  Male  Neutered Male  
 Any previous vaccine reactions:  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 Veterinary Clinic 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 also authorize TLWLT Inc., DBA Altos Veterinary Clinic to take and publish photographs and or videos of my pet for use in Altos' print, online and video-based marketing materials, as well as other company publications. I hereby release and hold harmless Altos 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, 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 of my pet.

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