

LET'S GET ACQUAINTED!

File #: _____

Alpha Animal Hospital Does Not Have a Billing System:

Therefore All Accounts Are Due At Time of Services Rendered

Thank you for allowing us the opportunity to care for your pet. In order to become better acquainted please provide us with the following information.

Owner's Name(s): _____

Address: _____

City: _____ B.C. Postal Code: _____

Telephone: (Home) _____ (Cell) _____

(Alt.) _____

Email Address: _____

(Email is for vaccination reminders, X-ray, Lab, or Specialist Reports)

Pet's Name: _____

Sex: Male/Female Neutered/Spayed Birthday or Age: _____

Canine/Feline/Other Breed: _____ Color: _____

Date of Last Vaccinations: _____ Last Deworming: _____

Previous Vet/Clinic _____

Important Medical History/Conditions: _____

How did you hear about Alpha Animal Hospital?

Internet: _____ Drive By: _____ Referred By: _____

Best way to contact you: Email _____ or by Phone _____ Best time to call you _____

Please Read/Sign:

I hereby acknowledge that Alpha Animal Hospital does not bill fees. Payment is expected at time service is rendered. We gladly accept Visa/MasterCard, debit, and cash.

Signature: _____ Date: _____