

Thank you for giving Alamogordo Animal Hospital the opportunity to care for your pet. So that can become better acquainted, please complete the following:

OWNER INFO:

(LAST, FIRST) _____

SPOUSE _____

ADDRESS _____

CITY _____

ZIP _____

HOME PHONE (____) _____

EMAIL _____

MAY WE E-MAIL YOU ? (Y / N)

PLACE OF EMPLOYMENT _____

WORK PHONE (____) _____

DOES YOUR ANIMAL(S) HAVE ANY HEALTH CONDITION WE NEED TO KNOW ABOUT ? (Y / N) _____

HOW DID YOU HEAR ABOUT US?

Reason for your visit today: _____

PLEASE CIRCLE THE METHOD OF PAYMENT:

CASH CHECK VISA/ MC DISCOVER

PET INFORMATION	PET 1	PET 2	PET 3
NAME			
SPECIES			
BREED			
COLOR			
SEX (M / F)			
SPAY OR NEUTERED?	PLEASE CIRCLE: YES / NO	PLEASE CIRCLE: YES / NO	PLEASE CIRCLE: YES / NO
BIRTH DATE OR AGE			
VACCINATIONS CURRENT?	PLEASE CIRCLE: YES / NO	PLEASE CIRCLE: YES / NO	PLEASE CIRCLE: YES / NO

PLEASE READ CAREFULLY AND SIGN:

I hereby consent and authorize Alamogordo Animal Hospital to administer such treatment, diagnostic procedures, or surgery as they deem necessary for my animal. I assume full financial responsibility for this/ these animals. I understand that when dealing with living creatures, no guarantee of results can be made. Neither Alamogordo Animal Hospital and employee, director, nor owner of the above will be held liable in conjunction with any procedures performed on my animals.

Signed _____

Date _____