

ALAMOGORDO ANIMAL HOSPITAL

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

Owner's Last Name _____ First Name _____
 Spouse's Last Name _____ First Name _____
 Mailing Address _____ City _____
 State _____ Zip _____ Home Phone () _____
 Place of Employment _____ Work Phone () _____
 E-Mail _____ *for reminders*
 Does your pet have any health conditions we need to know about? (Y / N) _____
 Previous Veterinarian? _____
 Do you have a copy of animal's records? _____
 Reason for visit? _____
 How did you hear about us? _____

PLEASE CIRCLE PAYMENT METHOD: CASH CHECK CREDIT/DEBIT CARD CARE CREDIT

PAYMENT IS DUE AT TIME OF SERVICE - WE CANNOT EXTEND THE PRIVILEGE OF CHARGING SERVICES, AS THIS WOULD PUT US IN THE POSITION OF BECOMING A LENDING INSTITUTION

INFORMATION	PET 1	PET 2	PET 3
PET'S NAME			
CAT/DOG/OTHER			
BREED			
COLOR			
SEX (CIRCLE ONE)	MALE / FEMALE	MALE/ FEMALE	MALE/ FEMALE
SPAYED/ NEUTERED	YES / NO	YES / NO	YES / NO
D.O.B OR HOW OLD			
VACCS CURRENT	YES / NO	YES / NO	YES / NO

PLEASE READ CAREFULLY AND SIGN:

I hereby consent and authorize Alamogordo Animal Hospital to administer such treatment, diagnostic procedures, vaccinations 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 employees, director, nor owner of the above will be held liable in conjunction with any procedures performed on my animals.

Signed _____ Date _____
 (OWNER - MUST BE OVER 18 YRS OF AGE)