

Alta Bluff Animal Hospital

Client Information

Owner's Name: _____ **Owner's Date of Birth:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____ **Place of Employment:** _____
E-Mail Address: _____
Driver License #: Please present to the receptionist
Race: _____ **Height:** _____ **Eye Color:** _____ **Hair Color:** _____

Co-Owner's Name: _____ **Date of Birth:** _____
Home Phone: _____ **Cell Phone:** _____
Place of Employment: _____ **Work Phone:** _____
E-Mail Address: _____
Driver License #: Please present to the receptionist
Race: _____ **Height:** _____ **Eye Color:** _____ **Hair Color:** _____

Pet's Name: _____ **Date of Birth:** _____ **Male or Female**
Breed: _____ **Color:** _____ **Spayed/Neutered:** Y or N
Any Known Allergies: _____ **Vaccine Reactions:** Y or N
Microchip: Y or N **If Yes, Microchip # :** _____
Pet's Name: _____ **Date of Birth:** _____ **Male or Female**
Breed: _____ **Color:** _____ **Spayed/Neutered:** Y or N
Any Known Allergies: _____ **Vaccine Reactions:** Y or N
Microchip: Y or N **If Yes, Microchip # :** _____

Internet/Social Media Permissions

I give Alta Bluff Animal Hospital permission to use photos of my pets on the hospital's website, Facebook page and in-hospital televisions.

Signature: _____ **I decline**

Contact Preferences

I prefer to be contacted concerning my pets health care via:

Phone Email Text

Would you like to receive promotional emails? **YES** **NO**

All Fees Are Due At Time Services Are Rendered

I understand that I am responsible for the payment on all services rendered, including attorney's fees and collection costs in the event of default. I attest that I am at least 18 years of age and the information I have provided above is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Alta Bluff Animal Hospital

Medical Release Form

I, _____, give the following people permission to make both medical and financial decisions about my pet(s). This authorization includes, but is not limited to, the decision for treatments and euthanasia. In the event that you can not be contacted within a reasonable time frame (based on pet's condition), decisions will be deferred to the following authorized individuals. The individual making the decision will be responsible for payment at that time unless arrangements have been made in advance. In the event that you need to make changes to this form, you must do so in person.

NAME	CONTACT INFORMATION	CAN THIS PERSON AUTHORIZE EUTHANASIA?

Owner's Signature: _____ Date: _____

I, _____, give Alta Bluff Animal Hospital authorization to release medical records to the following people/companies. If any additional individuals or companies request information, we will require authorization prior to releasing any information. This includes, but is not limited to, boarding facilities, grooming facilities, and pharmacies. If we believe your pet is in a crisis situation, we will release information as needed. ***If any local county officials (such as police or ACPS) request information on your pet, we will release any and all information.*** If your pet goes to a new owner, you must notify Alta Bluff Animal Hospital, or records will not be released.

NAME OF FACILITY/PERSONS	CONTACT INFORMATION

Owner's Signature: _____ Date: _____

I understand that in the event updates or changes to this form need to be made, that I am responsible to notify Alta Bluff Animal Hospital to make the necessary changes. I also understand that all changes MUST be made in person. I am aware that Alta Bluff Animal Hospital will strictly adhere to the information provided on this form and will not be liable for any failure to update or change the information.

Signature: _____

Date: _____