



ALTA ANIMAL HOSPITAL
1601 BANNOCK HWY
POCATELLO, IDAHO 83204
208-233-0936
Fax 208-233-2471

CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

CLIENT INFORMATION

Date: _____

Owner: _____ Spouse: _____

Address: _____ City: _____ ST: _____ Zip: _____

Primary Phone: _____ Alternative Phone: _____

SS#: _____ Driver's License: _____ DOB: _____

Emergency Contact: _____ Phone: _____

Email: _____ **for clinic use only to provide you with reminders, health bulletins, and other important information in regard to the health of your pet.**

How did you learn of our clinic?

<input type="checkbox"/> Animal Shelter	<input type="checkbox"/> Humane Society		
<input type="checkbox"/> Lives Nearby	<input type="checkbox"/> Website	<input type="checkbox"/> Referred by: _____	
<input type="checkbox"/> Other	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Emergency	<input type="checkbox"/> Sign/Drive by/Walk In
<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Local Business	<input type="checkbox"/> Other Clinic	<input type="checkbox"/> Facebook
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Review Site	<input type="checkbox"/> Employee: _____	

AUTHORIZATION

I hereby authorize the Veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand these charges **will be paid at the time of service.**

Method of payment I prefer:

<input type="checkbox"/> Cash	<input type="checkbox"/> Visa Card	<input type="checkbox"/> AMEX Card
<input type="checkbox"/> Check	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover Card
<input type="checkbox"/> Care Credit Card		

Signature of Owner: _____ Date: _____