

# Welcome to Alpine Animal Hospital

Thank you for giving us the opportunity to care for your pet(s). Please provide the following information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Spouse/other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ **How Did You Hear About Us? (Circle One):** Here Before  
 Sign/Drove By Website Facebook Google Yelp Yahoo OTHER \_\_\_\_\_

**PRIMARY PHONE NUMBER:** \_\_\_\_\_ FOR \_\_\_\_\_

**SECONDARY PHONE NUMBER:** \_\_\_\_\_ FOR \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

	PET	PET	PET
PET'S NAME			
BREED			
COLOR			
BIRTHDATE OR APPROX. AGE			
SEX			
SPAYED/NEUTERED			

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** PLEASE ASK A STAFF MEMBER IF YOU NEED AN ESTIMATE OF SERVICES OR AN APPLICATION FOR CARE CREDIT (Interest free medical credit card). This policy helps control costs on which we base our fees.

**COMPLETE FOR CHECK WRITING ONLY** Alpine Animal Hospital requires IL Driver's License number & Visa/MC/DC information on file in order to accept a check. A \$25.00 fee will be charged to your credit card for a returned check.

**DL #** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **Credit Card#** \_\_\_\_\_

**CC Expiration Date** \_\_\_/\_\_\_/\_\_\_ **CV Code (3 digit number on back of credit card)** \_\_\_\_\_

**I give permission** to Alpine Animal Hospital to take images/videos of my pet and for these images/videos to possibly be published online at [www.alpineanimallakezurich.com](http://www.alpineanimallakezurich.com) and [www.facebook.com@AlpineLakeZurich](http://www.facebook.com@AlpineLakeZurich) unless otherwise noted by owner. **I hereby authorize** the staff of Alpine Animal Hospital to provide diagnostic, therapeutic and/or medical treatments and I realize that no guarantee or warranty can be ethically or professionally made regarding the results and/or cure of my pet(s).

**Signature of Owner or Authorized Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_