

Aloro Pet Clinic Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____ Spouse/Other Owner(s): _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Home Phone #:** _____ **Cell Phone #:** _____

Email Address: _____

Employer's Name: _____ **Work Phone #:** _____

In case of EMERGENCY, call _____ **at phone #:** _____

Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following:

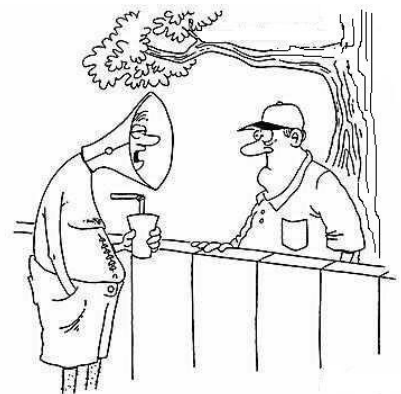
Bank: _____ **Driver's License #/State:** _____

Preferred Method of Payment: Cash Check
Credit Card Care Credit

Do you carry Pet Insurance? Yes No
Company Name: _____

How did you hear of our hospital?

- Individual, someone we may thank? _____
- Yellow Pages?
- Hospital Sign?
- Internet?
- Other, please state:



"The hospital food was terrible, but the savings was substantial."

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Aloro Pet Clinic to receive, prescribe for, treat or perform surgery upon my pets. Furthermore, I agree to pay all fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature _____ **Date** _____