

## 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 #: \_\_\_\_\_

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 Name: \_\_\_\_\_ 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?
- Other, please state: \_\_\_\_\_

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

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 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: \_\_\_\_\_