

Client Information Form

Thank you for giving Alta Vista Veterinary Clinic the opportunity to care for your pet. Please fill this form out so that we can establish a client relationship and be able to communicate with you about your pet. Must be over 18 Years to fill out this form. Ask for assistance if needed.

Primary Owner : _____
Last Name First Name Pronoun/Gender I.D(Optional)

Address : _____
Number, Street & Unit # City State Zip Code

Primary's Phone#: _____ **Alternate#:** _____
Cell/Home Work/2nd Cell/Home

Email Address: _____

Check one option or number order of preference for appointment reminders, lab results or clinic updates. Cell: Call: ___ or Text ___, Home number ___, Email ___.

Co-Owner/Agent: _____
Last Name First Name Pronoun/Gender I.D(Optional)

Co-Owner/Agent's Phone#: _____ **Email:** _____

How did you find our facility? Please check one of the following:
Live near by ___, Internet Search: Google ___, Yelp ___, Website ___, Other ___.
Personal Recommendation: ___. Who may we thank? _____

WE DO NOT ACCEPT CHECKS AND DO NOT DO ANY BILLING. PAYMENT MUST BE PAID IN FULL AT THE TIME OF SERVICE. We accept Cash, ATM, all Credit Cards & Care Credit (with valid photo identification). Split payments between these options are allowed. Payments by phone can only be made by client/agent on this form.

I understand that I and/or my agent are responsible for all charges for services rendered and that payment in full is required upon the release of my pet(s). By signing this form you are agreeing to the terms of this account and are responsible for relaying this information to the co-owner/agent. A Copy of this form is available upon request.

Signature: _____ **Date:** _____

For Staff Use Only (Date of verifying or changing above information)
