

Client Information

Name:	Phone:
Name of Spouse:	Cell Phone:
Address:	Zip Code:
City:	State:
Drivers License:	Date of Birth:
Email Address:	Work Phone:
Employers Name:	

Animal Information

Do	Cat	Name	Breed	Color	DOB	Sex	Altered

Alta Loma Animal Hospital Payment Policy

Payment is due at time of services rendered. We do **NOT** bill!

We accept Visa, MasterCard, Debit Card (with the Visa/MasterCard Logo), American Express, Care Credit.

WE DO NOT ACCEPT CHECKS FROM NEW CLIENTS.

We accept checks *after* a year of service.

We reserve the right to refuse checks from anyone at anytime.

Deposits are **REQUIRED** on all hospitalized animals

Deposits are **REQUIRED** on Emergency surgeries, Orthopedic surgeries, and Ultrasounds.

Checks are **NOT** accepted for deposits.

I have read and understand the above policy

Signature _____ Date _____