



# Welcome to Alliance Animal Hospital!

Please take a moment to tell us  
about you and your pet

Pet Name: \_\_\_\_\_ Birth Date/Age \_\_\_\_\_  
Species: [ ] Dog [ ] Cat Gender: [ ] Male [ ] Female [ ] Spayed/Neutered  
[ ] Other \_\_\_\_\_ [ ] Used for breeding [ ] Shows/Competes  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Microchip Number (if present) \_\_\_\_\_  
Chronic/recurrent medical conditions \_\_\_\_\_

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Owner(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

Used to send reminders and health alerts

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Please send reminders for my pet to my [ ] Email or [ ] Postal mail

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How did you hear about us? \_\_\_\_\_

\*\*If someone referred you, please let us know who so we may thank them!

Has your pet recently been seen by another veterinarian we may call to keep your records up to date? \_\_\_\_\_

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**Payment is required at check out. Please feel free to request an estimate of fees for recommended services. Unpaid balances are subject to interest (15%) and collection fees (30%). Returned check fee is \$30.**

We accept Cash, Check, All major credit cards, and Care Credit.

I understand and agree to these terms, and confirm that the above information is correct:

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

"Your partners for a healthy pet."