

Kirsten Nickisch, D.V.M.  
Sherilynn Burkman, D.V.M.  
Taylor Ellis, D.V.M.



1601 Bannock Hwy  
Pocatello, Idaho 83204  
(208) 233-0936  
email: alta@nva.com  
www.AltaAnimalHospital.com

*Welcome to Alta!*

Owner Name _____	Spouse/Co-Owner _____
Address _____	City _____ State _____ Zip _____
Phone(_____) _____	Spouse/Co-Owner Phone(_____) _____
Email _____	SSN _____ DL# _____
Employer _____	Work Phone (_____) _____

Pet Name	Species/Breed	Color	Spayed/ Neutered?	Age/DOB
			YES/NO	
			YES/NO	
			YES/NO	

Known Medical History - Previous Veterinarian - Current Medications:

\_\_\_\_\_

\_\_\_\_\_

What's the best way to contact you? **Call - Text - Email**

### PAYMENT AGREEMENT

I, the undersigned client, agree to pay for all services rendered and/or goods sold to me immediately upon demand. I further agree that in the event of non-payment of any amounts due under this agreement I will pay interest thereon at the rate of 1.5% per month and pay all reasonable attorney fees and court costs that may be incurred. I agree that in the event this agreement is assigned to an agency for collection, I promise to pay an additional collection fee of 35% of the unpaid balance due. I also agree to the fact that it is policy of this hospital to receive payment as services rendered and where major medical/surgical expenses are anticipated, a deposit will be required prior to proceeding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_