CLIENT UPDATE SHEET

Preferred Contact Method: □ Call □ Text □ Email

Owner's Name:

_____

Owner's Address:

_____

City, State, Zip:

_____

Primary Phone:

□ Cell □ Home □ Work □ Other _____

Secondary Phone

□ Cell □ Home □ Work □ Other _____

Additional Phone:

□ Cell □ Home □ Work □ Other _____

Email:

_____

Active Pets:

_____

OUR FINANCIAL POLICY

- We expect full payment at the time of service/discharge unless PRIOR arrangements have been made.
- We accept cash, check, Visa, MasterCard, Discover, American Express, Care Credit and debit cards.
- A deposit of 25-50% may be required before extensive services are performed.
- For pets brought in by unaccompanied minors, non-emergency treatment will be denied unless payment arrangements have been pre-authorized and arranged with our staff.
- Pick-ups by non-owners must be pre-authorized and payment arrangements made in advance.
- Missed appointments are expensive; time and staff have been arranged just for you. If you find you cannot keep your appointment, please let us know as soon as possible.
- I give permission to have my pet's medical records transferred to and from Alta Animal Hospital as necessary.
- I give permission for Alta Animal Hospital to share pictures and stories of me and my pet(s) on their website and in social media.

I have read, understand and agree to the above Financial Policy.

Owner/Responsible Party _____ *Date:* _____

Co-Owner/Responsible Party _____ *Date:*_____