



Altoona Veterinary Hospital P.C

3070 8th St S.W.
Altoona Iowa, 50009
515-967-4281
www.Altoonavet.com

New Client Form

Name: _____ Spouse/other name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____

Why did you choose us? Whom may we thank?

- Personal Referral _____ Website
- Sign/Drove by/Location Yellow Pages (which one?) _____
- Shelter/ Humane Society _____ Altoona Living
- Other _____

Pet Name: _____ Dog Cat Other _____ Breed: _____

Birth Date : _____ Color: _____ Male Female Spayed/Neutered yes no

Diet Brand: _____ Treats: _____ Table Food: _____

Where was your pet's previous Veterinary Hospital: _____

Does your pet have any current health concerns/allergies/reactions? _____

Is your pet currently on Heartworm Prevention? yes no Brand: _____

Is your pet currently on Flea Preventions? yes no Brand: _____

Is your pet currently on any other medications? yes no Please list: _____

Does your pet have a microchip? yes no If yes what is the number: _____

Financial Policy: Ensuring that our patients receive high quality care is the goal of our practice. To help us be able to perform such care, payment is due at the time of treatment. We accept Cash, Check, Visa, MasterCard, and Discover. We also have a payment plan called Care Credit that allows you to start treatment today and spread out payments over time. If Care Credit seems like a possible payment option it only takes a few minutes to apply. (Care Credit is subject to credit approval. If credit application is declined, another form of payment listed above is required.)

Signature of Client/Responsible Party

Date