Aliante ANIMAL HOSPITAL

3310 W. Elkhorn Rd.

N. Las Vegas, NV 89084

(702) 778-4443 [Office] (702) 778-3022 [Fax]

New Client and Patient Paperwork

We know that your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form.

Client Name: [First] _____ [MI] ____ [Last] _____

Address: _____ [apt #] _____ [Building #] _____

[City] _____ [State] _____ [Zip Code] _____

Co-Owner: [First] _____ [MI] ____ [Last] _____

Primary Owner	Co-Owner
Phone Numbers	
Home: ( ) _____-_____	Home: ( ) _____-_____
Work: ( ) _____-_____	Work: ( ) _____-_____
Cell: ( ) _____-_____	Cell: ( ) _____-_____
Email: _____@_____.com	Email: _____@_____.com

Previous Veterinarian: _____

May we send you E-mail reminders and updates? [Circle One] **Yes** **No**

May we contact you by text message? [Circle One] **Yes** **No**

How did you hear about us? _____

Pet Name	Gender	Dog/Cat	Breed	Color	Special Markings	Birthday

Do you have Pet Insurance? [Circle One] **Yes** **No**

If Yes Pet Insurance Name: _____

Photo Release: I hereby grant Aliante Animal Hospital the right to photograph me and/or my pet(s) and the irrevocable right to use the photos in all types of advertising including but not limited to display on social media outlets, display on the internet, and display and/or broadcast on all other outlets known or unknown, for any purpose whatsoever.

Please circle one **Yes** **No** Initials: _____

Financial Policy

By signing below I assume full financial responsibility for any treatment my pet receives. I understand that full payment is due at the time services are rendered. I also understand that a deposit may be required for extensive services.

X _____ **Date: / /**