New Client Form

New clients are asked to complete this form prior to the first appointment. This allows our staff to prepare your account files prior to your visit, saving you time in our office.

Please email the completed form to allisonvilleanimalhospital@gmail.com

Date of Appointment _____

Name _____

Street Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Occupation _____ Employed by _____

How did you hear about us? _____

Acknowledgement of Office Hours

Allisonville Animal Hospital is not staffed 24 hours a day. By completing and submitting this form, you acknowledge that if your pet is here over night, you understand that there will not be an attendant present. The hospital is fully staffed on the following days and times: Mon – Thurs 8am – 6pm; Fri 8am – 5pm; Sat 8am – 12pm.

Acknowledgement of Payment Policy

Payment is expected in full at the time of services rendered By completing and submitting this form, you acknowledge that you have read and understand the payment policy. AAH accepts: Visa, MasterCard, Discover, American Express, Debit, Care Credit, Checks, and Cash. A $25 service fee will be applied to all returned checks. Balances over 30 days may be subject to an interest rate of 1.5% per month. Balances 90 days past due may be subject to a $25 collections fee and may be turned over to a third party collection agency.