



We see ourselves as visionaries, healers, and humorists. Our mission is to be compassionate, understanding healers that receive great joy from caring for our patients and their families.

Client Registration

At Aloha Animal Hospital, our clients are friends as well as customers, and we value their continued trust and goodwill.

Client Information - *please print all*

Client Name:	Spouse/ Co-owner name:
Cell Phone: Please Circle Primary Number	Spouse/Co-owner cell:
Home Phone: Work phone:	Spouse/Co-owner employer:
Mailing address: <small>Street</small>	Spouse/Co-owner Occupation <small>Employer Telephone</small>
<small>City</small> <small>State</small> <small>Zip</small>	E-mail: Preferred contact: phone / mail / E-mail
Employer: Occupation:	Emergency contact name & number:

How did you hear about us?
 Is there someone we may thank? _____
 Drive by the hospital Website Yellow pages Ad Event _____

Previous Veterinarian (So that we may obtain your animal's records):

Hospital Name Veterinarian Name Telephone

Pet #1	Pet #2
Pet's Name:	Pet's Name:
Date of birth/ age:	Date of birth/ age:
Species: Dog Cat Avian Reptile Small Mammal other: _____	Species: Dog Cat Avian Reptile Small Mammal other: _____
Breed:	Breed:
Sex: Male (neutered? Yes No) Female (spayed? Yes No)	Sex: Male (neutered? Yes No) Female (spayed? Yes No)
Color/markings:	Color/markings:
Microchip #	Microchip #
Vaccinations given at (previous clinic name):	Vaccinations given at (previous clinic name):
Allergies/medical problems/reactions:	Allergies/medical problems/reactions:

Pet #3	Pet #4
Pet's Name:	Pet's Name:
Date of birth/ age:	Date of birth/ age:
Species: Dog Cat Avian Reptile Small Mammal other: _____	Species: Dog Cat Avian Reptile Small Mammal other: _____
Breed:	Breed:
Sex: Male (neutered? Yes No) Female (spayed? Yes No)	Sex: Male (neutered? Yes No) Female (spayed? Yes No)
Color/markings:	Color/markings:
Microchip #	Microchip #
Vaccinations given at (previous clinic name):	Vaccinations given at (previous clinic name):
Allergies/medical problems/reactions:	Allergies/medical problems/reactions:

Please initial here if you **do not** permit Aloha Animal Hospital to display your pet's pictures in any picture frames, e-mails, client education resources or on the Aloha Animal Hospital website.

I, _____ (please initial here), understand AAH's payment policy: **Payment is due in full at the time of service, no exceptions.** We gladly accept Cash, MasterCard/Visa, AmEx, Discover, Debit and Care Credit as forms of payment. We will accept in state pre-printed checks with valid ID. A 50% deposit on estimated charges is required on all hospitalized cases. We do not offer any forms of billing or any payment plans. If payment cannot be made in full at the time of service, a \$25 finance fee will be charged immediately. Also, a 2.5% finance charge will be applied at the first of each month, for the time period that the balance remains. If it becomes necessary for my account to be sent to collections, I understand that I will be responsible for all legal and /or court costs and collection agency fees incurred with the collection of services rendered.

I, _____ (please initial here), the undersigned owner or authorized agent of the admitted patient, hereby authorize Aloha Animal Hospital to administer such treatment and additional procedures that are considered therapeutically and/or diagnostically necessary. I also consent to the administration of anesthetics or surgeries as deemed medically necessary.

I, _____ (please initial here), further understand that no guarantee of successful treatment is made and that risks and probabilities of complications exist in any surgical or medical treatment. I understand that charges are made for services rendered and that payment for such charges are due at the time they are rendered or prior to discharge of the pet from the hospital. Any animal not picked up within the time required by statute no NAC637.051 of the Nevada State Board of Medical Examiners shall be deemed abandoned by the owner and will be handled according to said statute. Furthermore, this action will not relieve me from financial obligation and will be required to pay for all charges acquired to that point, all legal and /or court costs and collection agency fees incurred with the collection of services rendered.

I have read, understand and agree to the above.

Owner/Agent _____

Date _____

Client #: _____

Entered by: _____

Dr. Jason Sulliban
 Dr. Jamie Sulliban
 Dr. Christine Kolmstetter
 Dr. Anne Beckes
 Dr. Jacqueline Rudzinski

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