



New Pet Registration

Client Information- <i>please print all</i>	
Client Name:	Client ID
New Pet #1	New 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/m	Allergies/m

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. Please understand our 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, 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 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 and understand the above.

Owner/Agent _____ Date _____

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

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