

**Patient/Client Registration Form**  
**Alta Sierra Veterinary Hospital**

100 S Clark Rd Show Low, AZ 85901  
(928) 537-2880

Are you a senior Citizen (60+) ( ) yes ( ) no

Owner Name: \_\_\_\_\_

Spouse or other Responsible Party: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City/State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Reason for selecting our office:

( ) Friend/Client-Name: \_\_\_\_\_

( ) Veterinarian Referral: \_\_\_\_\_

( ) Other: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ ( ) Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: ( ) F ( ) Spayed ( ) M ( ) Neutered

**Dates and Names of last vaccinations** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ ( ) Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: ( ) F ( ) Spayed ( ) M ( ) Neutered

**Dates and Names of last vaccinations** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ ( ) Dog ( ) Cat ( ) Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: ( ) F ( ) Spayed ( ) M ( ) Neutered

**Dates and Names of last vaccinations** \_\_\_\_\_

**Former Veterinarian (if any):** \_\_\_\_\_

**I UNDERSTAND THAT PAYMENT IS DUE AT TIME SERVICES ARE RENDERED** please sign and date \_\_\_\_\_