



Alpine Animal Hospital
 830 Skyline Road Laramie, WY 82070
 307-745-7341

Dr. David Evertson - Dr. Dana Petersen
 Dr. Carey Edwards

MEDICINE **SURGERY** **DENTISTRY** **BOARDING**

Name: _____

Spouse/Roommate: _____

Address: _____ Apt# _____

Address: _____

(city) (state) (zip code)

(if different) _____

Home Phone # _____

Home Phone # _____

Employer: _____

Employer: _____

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

E-Mail Address: _____

E-Mail Address: _____

<input type="checkbox"/> Yellow Pages <input type="checkbox"/> Website <input type="checkbox"/> Other	<input type="checkbox"/> Online <input type="checkbox"/> Friend/Family Referred by: _____
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Alpine Animal Hospital does not bill for services. Payment is expected at time of services.

Method of Payment: Cash___ Check___ Credit Card___ Care Credit___

Pet's Name	Species	Breed	Birthday/Age	Sex (neutered/spayed)?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Unless directed otherwise, Alpine Animal Hospital, its representative and employees reserves the right to take photographs of clients and their pets, and to copyright, use and publish the same in print and/or electronically for purposes of publicity, illustration, advertising, and Web content.

PAYMENT IS DUE UPON RECEIPT OF SERVICES!

We, the undersigned, accept financial responsibility for services rendered to the pets named above. I understand that any unpaid account balance will be assessed at 24% APR with a minimum of \$7.80 per month for service charges. If my account is turned over to collections, I agree to pay all costs of collection including court costs and attorney's fees.

 Owner (s) Signature (s) _____ Date

Thank You for the opportunity to be your veterinarian!!



Alpine Animal Hospital

830 Skyline Road ~307-745-7341

Financial Policy

Thank you for Choosing Alpine Animal Hospital for your pet care needs. We are dedicated to providing the highest quality care to all of our patients.

In order to provide you services with the highest level of quality, we cannot extend credit out of our office. Please understand that payment in full is due at the time of service. We may also require a deposit for major procedures. To help you obtain your financial responsibility the following payment options are accepted.

Payment Options

- Cash/Check: We accept payment by cash or check at the time of service.
- Bank Credit/Debit Card: We accept payment by MasterCard, Visa, Discover, and American Express
- In an effort to offer our clients more personalized financial arrangements, we are pleased to offer Care Credit. If you wish to take advantage of this payment plan, please ask one of our staff members for an application.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE FINANCIAL POLICY.

Responsible Party

Date

Co-Responsible Party

Date