

Animal House Veterinary Hospital
 2702 Peger Road
 Fairbanks, Alaska 99709
 (907) 479-2800
 Fax (907) 479-0467



Thank you for giving us the opportunity to care for your pets.

Your Name _____ Spouse's Name _____

Mailing Address _____

City _____ State _____ Zip _____ Email _____

Home# (____) _____ - _____ Your Cell# (____) _____ - _____ Spouse Cell# (____) _____ - _____

Place of Employment _____ Work# (____) _____ - _____

Who may we thank for referring you to us? _____

How did you become aware of our clinic? _____ New or Prior Client

PAYMENT IS REQUIRED AT THE TIME SERVICE IS RENDERED. MISREPRESENTING YOUR ABILITY TO PAY FOR SERVICES WHEN RENDERED CONSTITUTES AND WILL BE TREATED AS THEFT OF SERVICES. We charge the legal interest rate of 1.5% per month, or 18% per year. All past due accounts are also billed a \$2.00 rebilling fee each month. All accounts that are referred to an outside collection agency are subject to a 40% collection fee. We appreciate your understanding this matter.

Signature _____ **Date** _____

	Pet 1	Pet 2	Pet 3
Name			
Breed			
Date of Birth/Age			
Color			
Sex/Spayed/Neutered			
<i>Dog Vaccination History:</i>			
Rabies			
DHPP			
Leptospirosis			
Bordetella (Kennel Cough)			
Fecal/Deworming			
<i>Cat Vaccination History:</i>			
Rabies			
FVRCP			
FELV			
FIP			
Fecal/Deworming			

Our pet (s) is: Member of our family Child's pet Backyard pet
 Any previous illnesses or surgeries? _____
 Any allergies to vaccinations or medications? _____
 Is your pet on any special diets or medications? _____
 How often is your pet boarded? _____ Groomed? _____