



501 Highway 395 N.  
Alturas, CA 96101  
(530) 233-4156

NAME: \_\_\_\_\_ SPOUSE: \_\_\_\_\_

YOUR DOB: \_\_\_\_\_ SPOUSE'S DOB: \_\_\_\_\_

YOUR DRIVER'S LICENSE #: \_\_\_\_\_ SPOUSE'S DRIVER'S LICENSE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ SPOUSE'S OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SPOUSE'S EMPLOYER: \_\_\_\_\_

WORK #: \_\_\_\_\_ SPOUSE'S WORK #: \_\_\_\_\_

.....  
CLOSEST RELATIVE NOT LIVING IN YOUR HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREVIOUS VETERINARIAN: \_\_\_\_\_  
.....

**ALL PROFESSIONAL FEES ARE DUE AND PAYABLE AT THE TIME SERVICES ARE RENDERED.**

FOR YOUR CONVENIENCE, WE ACCEPT VISA, MASTERCARD, DISCOVER, CARECREDIT,  
iCARE FINANCIAL, PERSONAL CHECKS AND CASH.

\*\*\*I understand and agree that any credit granted shall be paid promptly in accordance with the terms and agreements and that the credit grantor may add 2% per month to any balance owed. In the event of default, I agree to pay reasonable collection charges and/or attorney fees. There will be a \$25.00 service fee for any check returned to us unpaid. I have read the above information and understand fully to what I am signing.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_