



7136 E COUNTY LINE ROAD, HIGHLANDS RANCH, CO 80126

CLIENT INFORMATION

OWNER'S NAME _____ CO-OWNER _____
(CO-OWNER IS AUTHORIZED TO MAKE DECISIONS REGARDING CARE AND PAYMENTS)

ADDRESS _____
STREET CITY ZIP

HOME PHONE _____ DRIVER'S LICENSE NO _____

OWNER'S CELL PHONE _____ CO-OWNER'S CELL _____

E-MAIL ADDRESS _____

IN CASE WE NEED TO REACH YOU AT WORK:

EMPLOYER _____ PHONE _____

EMPLOYER _____ PHONE _____

Table with 6 columns: NAME OF PET, BREED, COLOR, SEX, NEUTERED OR SPAYED?, BIRTHDATE. Rows 1, 2, 3.

FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS AND CARE CREDIT. WE CANNOT BILL YOU. A \$25 FEE WILL BE CHARGED ON RETURNED CHECKS.

I AUTHORIZE THIS CLINIC TO TREAT THE ABOVE MENTIONED ANIMAL(S) OR ANY ADDITIONAL ANIMALS I MAY PRESENT. I AGREE TO BE RESPONSIBLE FOR THE COST. EACH PATIENT WE HAVE THE PRIVILEGE TO SERVE IS ENTITLED TO, AND WILL RECEIVE, THE BEST CARE WE CAN PROVIDE.

SIGNATURE _____ DATE _____

HOW DID YOU CHOOSE THIS OFFICE? (IF REFERRAL, INCLUDE NAME)
