WELCOME

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

Please Circle One of the following: New Client Current Client/New Pet

Name_____ _____
(Last, First, Middle Initial) Spouse or Co-Owner

Address_____

City, State, **ZIP**_____

E-Mail: _____ Would You Like Reminders By E-Mail? Yes No

Phone: Home Cell

Employer_____ Work#_____

SSN _____ _____ _____ Driver License # & State_____

Co-Owner Work # _____ Co-Owner Cell #_____

Emergency Contact – CANNOT BE SAME AS OWNER OR CO-OWNER

[Name & Number] _____

***How Did You Find Us*? Personal Referral (whom may we thank?)**_____

☐ Internet ☐ Aurora Phone Book ☐ Denver Phone Book ☐ DDFL Booklet ☐ Sign ☐ Post Card

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Pet Name_____ Birth date or Age_____

Breed_____ Male ☐ Female ☐ Spayed/ Neutered ☐ Intact ☐

Color_____ Species: _____

Where did you obtain your pet?_____

Has your pet ever been out of the state?_____ If yes, Where and for how long?

_____

Is your pet indoor, outdoor or both? _____ Does your pet have a microchip? _____

Date of the last Rabies vaccine:_____ What Vet?_____

Cats – last feline leukemia/feline aids test: _____ Dogs – last heartworm test: _____

Does your pet have any long term problems?_____

Is your pet on any medications? (include over the counter and supplements):

_____

Reason for visiting today:_____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of services or at the time of release and that a deposit may be required for surgical or emergency treatment.

_____ _____

Signature of owner or agent **Date**

Are you: 65 or Older ☐ Active Duty Military Personnel ☐ (photo I.D. required)

✪ Please let us know if you would like an estimate of cost before services are rendered. ✪