

HIGHLANDS RANCH ANIMAL CLINIC
38 W. SPRINGER DRIVE
HIGHLANDS RANCH, CO 80129

CLIENT INFORMATION

OWNER'S NAME _____ SPOUSE _____ DATE _____

ADDRESS _____
STREET CITY ZIP

HOME PHONE _____ CELL PHONE _____ BEST PHONE _____

DRIVERS LICENSE # _____ E-MAIL _____

IN CASE WE NEED TO REACH YOU AT WORK:

EMPLOYER _____ WORK PHONE _____

SPOUSE'S EMPLOYER _____ WORK PHONE _____

Name of Pet	Dog	Cat	Breed	Birthdate	Sex	Neutered/Spayed

DO YOU HAVE PET INSURANCE? _____ IF NOT, ARE YOU INTERESTED IN PET INSURANCE INFORMATION? _____

EACH PATIENT WE HAVE THE PRIVILEGE TO SERVE IS ENTITLED TO, AND WILL RECEIVE THE BEST CARE WE CAN PROVIDE. IN ORDER TO MAINTAIN A RESPONSIBLE AND RESPECTED RELATIONSHIP, WE MUST REQUIRE YOU TO HONOR OUR PAYMENT POLICY OF CASH, CHECK, VISA, MASTER CARD, DISCOVER, AMERICAN EXPRESS, OR CARE CREDIT.

FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. WE CANNOT BILL YOU. THERE WILL BE A \$25 SERVICE CHARGE ON ALL RETURNED CHECKS.

I AUTHORIZE THIS CLINIC TO TREAT THE ABOVE MENTIONED ANIMAL(S), OR ANY ADDITIONAL ANIMALS I MAY PRESENT, AND AGREE TO BE RESPONSIBLE FOR THE COST THEREOF. (Must be over 18)

AUTHORIZATION SIGNATURE _____ DATE _____

WE APPRECIATE YOUR SELECTION OF HIGHLANDS RANCH ANIMAL CLINIC FOR YOUR PET'S CARE. WE LOOK FORWARD TO A LONG LASTING RELATIONSHIP WITH YOU AND YOUR PETS.

HOW DID YOU HEAR ABOUT US?

_____ REFERRAL _____ WEB SITE _____ IN THE AREA

IF THIS WAS A REFERRAL, MAY WE THANK THEM?

NAME _____ PHONE _____