



8865 West 116<sup>th</sup> Circle  
 Broomfield, CO 80021  
 303-423-6021

**CLIENT INFORMATION**

*Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet.*

Owner's Name	
Address	
City, State, Zip Code	
Home Telephone	Cell Telephone
E-Mail Address	
Driver License Number & State	Date of Birth
Employer	Work Telephone
Spouse/Other Name	
Employer	Work Telephone

**How did you hear about Aspen Arbor Animal Hospital?**

- Sign/Drive by
- Website
- Phone Book
- Personal Recommendation
- Internet \_\_\_\_\_
- Other \_\_\_\_\_

**PATIENT INFORMATION**

**Pet # 1**

Name	Species	Breed	
Birthday (or age)	Color	Sex	Spayed/Neutered?
Current Medications – Special Diet – Medical Problems			

**Pet # 2**

Name	Species	Breed	
Birthday (or age)	Color	Sex	Spayed/Neutered?
Current Medications – Special Diet – Medical Problems			

**Pet # 3**

Name	Species	Breed	
Birthday (or age)	Color	Sex	Spayed/Neutered?
Current Medications – Special Diet – Medical Problems			

Over, Please





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We will gladly prepare a written estimate, if you so desire. Please ask a staff member or doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

All returned check (account closed, insufficient funds, etc.) will be assessed a \$20 returned check fee. A service charge of 1.5% per month – an annual percentage rate of 18% - will be applied to any unpaid balances. In the case of default payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.

To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccinations and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

	SIGNATURE	DATE
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