



Aspen Arbor
ANIMAL HOSPITAL

New Client Form

Owner's Name: _____

Partner Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Partner Cell Phone: _____

E-mail Address: _____

Pet #1 Name: _____ **DOB/ Age:** _____

Species: _____ **Breed:** _____

Color: _____ **Sex:** _____ **Spayed/Neutered?** _____

Medications/Medical Conditions: _____

Pet #2 Name: _____ **DOB/Age:** _____

Species: _____ **Breed:** _____

Color: _____ **Sex:** _____ **Spayed/Neutered?** _____

Medications/Medical Conditions: _____

How did you hear about us? Circle One: Sign/Drive By Website Facebook Internet Friend Other: _____

ALL payments are due at the time services are rendered. All returned checks 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 balance. 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 disease 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: _____