

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 \_\_\_\_\_ ALTERNATE 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 OR DISCOVER ONLY.

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.

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 \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ WEB SITE \_\_\_\_\_ IN THE AREA

IF THIS WAS A REFERRAL, MAY WE THANK THEM?

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

