



1193 Bergen Parkway
Suite G/H
Evergreen, Colorado 80439
(303) 674-7400

Client Information Form Online:

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. We look forward to working with you in maintaining your pet's health.

Name:

Last Name: _____ First Name: _____ Initial: _____

Address:

Street Address: _____

City: _____ State: _____ Zip: _____

Phone/E-mail:

Home Phone: _____ Cell phone: _____

Work Phone: _____ Email address: _____

How did you hear about Elk Meadow Animal Hospital?

Web Search Phone Book Drive By Referred By _____ Ad Other

Communication Preferences:

Reminders
Newsletter
Other

Email	Mail

Other Contact Information:

Name: _____ Relationship: _____

Phone: _____ Email: _____

* For your pet's protection, we require all vaccinations or titers be current before hospitalization and surgery. If vaccines are not current, your pet must receive them before staying in our facility.

* Owners who abandon their pets will be prosecuted.

* Payment in full is expected at time of service. Accounts not paid as agreed will be subject to collection costs, including attorney fees. Monthly interest fees at the rate of 1.5%, monthly service charges, and returned check fees will be added to outstanding accounts.

* Immune status of your household: People who are immuno-compromised are at increased risk of disease transmission from their pet. Any person: under 10 or over 60 years old; or who have had a splenectomy; are HIV+, on steroids, or pregnant would be at risk. Is anyone who has regular contact with your pet immuno-compromised? _____

I have read and understand the above policies. I am over 18 years of age.

Client Signature

Date