



# ELIZABETH ANIMAL HOSPITAL

WELCOME TO OUR PRACTICE!!

Please print the form, complete all sections and fax to 303-646-2487 or bring into the hospital.

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we need as we support your pet's needs today and in the future. Please print in all spaces.

**Owner Information (Please print):**

\_\_\_\_\_  
 First Name                      Middle Initial                      Last Name                      Spouse's Full Name

\_\_\_\_\_  
 Mailing Address                      City                      State/Zip                      Street Address if different than Mailing Address

\_\_\_\_\_  
 Home Phone Number                      Cell Phone Number                      Driver's License Number & State - required to write checks

\_\_\_\_\_  
 Name of your employer                      Your Work Phone Number

\_\_\_\_\_  
 Name of your spouse's employer                      Your spouse's Work Phone Number

\_\_\_\_\_  
 E-Mail Address so we may send you reminders on your pet(s) vaccinations and upcoming specials

We will gladly prepare a written estimate if you desire (please ask our doctor). This will be important to you since **all professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover and American Express. We also provide Care Credit client payment plans. There will be a \$15.00 service charge for any check returned unpaid. There will be a \$30.00 collection fee for any account turned over for collection.

To prevent the spread of infectious diseases, all hospitalized and special observation patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s) \_\_\_\_\_ Date \_\_\_\_\_

Please provide referral information. ***We would like to thank anyone who referred you to us (Mark with an X):***

- \_\_\_\_ Name of person or business who referred you to us: \_\_\_\_\_  
 \_\_\_\_ Yellow Pages (9800)                      \_\_\_\_ Regular Veterinarian not available (9803)                      \_\_\_\_ Internet/Website(9806)  
 \_\_\_\_ Drive-By (9801)                      \_\_\_\_ Newspaper/Flyer (9804)                      \_\_\_\_ Other (9807) please describe  
 \_\_\_\_ PCAC (9802)                      \_\_\_\_ Denver DFL/Humane Society (9805)

**Essential Pet Information:**

Pets' Name (s)	Color	Birth Date	Check Box				Breed	Sex	Spayed/ Neutered?	Date last vaccines Given: Month/Year
			Cat	Dog	Camelid	Other				
							Male/ Female	Yes/ No		
							Male/ Female	Yes/ No		
							Male/ Female	Yes/ No		
							Male/ Female	Yes/ No		

New Client \_\_\_\_\_