

DATE _____ NUMBER _____

CLIENT INFORMATION

OWNER'S NAME AND ADDRESS	LAST	FIRST	HOME PHONE	CELL PHONE
	STREET			
	CITY		STATE	ZIP
EMAIL				MAY WE CONTACT YOU WITH REMINDERS & SPECIALS VIA EMAIL? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMPLOYER'S NAME & PHONE	NAME			PHONE
	NAME			PHONE

ANIMAL INFORMATION

DOG	CAT	NAME	BREED	COLOR	DOB	SEX	ALTERED

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept Visa, Mastercard, Discover, American Express, Care Credit, Personal Check or Cash. There will be a \$25.00 service charge for any check returned unpaid. If payment in full is not made at time of discharge, we reserve the right to add Finance and End of Month charges to balance due.

To prevent the spread of infectious diseases, all hospitalized and boarded 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 _____

How/Why did you select us? _____

Would you like Behavior Management Assistance? _____

If your pet(s) travel (or have traveled) out of the area, where? _____

Have you ever considered Microchipping your pet? Yes No Already microchipped



**KIPLING VETERINARY
HOSPITAL & WELLNESS CENTER**
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