



#### Client Information

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Cell (or primary contact #)

Spouse or Partner (or secondary contact)

Name \_\_\_\_\_  
First Last

Phone Numbers ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Cell (or primary contact #) Home

Please select if you are any of the following (we love to offer you discounts!):

☐ Senior Citizen (65+) ☐ Vet Student ☐ Military/Veteran ☐ First Responder ☐ Teacher/Educator

Previous or Current Veterinary Hospital: \_\_\_\_\_

Please tell us how you heard about Advanced Animal Care of Colorado and DOG TALES Activity Center  
(We like to reward referrals so please give us a client name if possible!)

#### Pet Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Canine/Feline/Other (circle one)

Color \_\_\_\_\_ ☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No Birthdate (or approx. age) \_\_\_\_\_

Microchip (if applicable) \_\_\_\_\_ Pet Insurance and Policy Number (if applicable) \_\_\_\_\_

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May we utilize your pet's photo, first name, and story in Advanced Animal Care of Colorado (AACC) social media?

\_\_\_ Yes, I authorize AACC to use photos of my pet(s) for the purpose indicated above. I give this authorization without expectation of compensation.

\_\_\_ No, I do not want AACC to use photos of my pet(s) for the purposes indicated above.

I understand that I am responsible for all fees incurred and fees are due at the time of service to Advanced Animal Care of Colorado.

X \_\_\_\_\_  
Signature of Owner or Agent Date