



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 () Cell (or primary contact #)	Email			
Please select if you are any of the followi				
Senior Citizen (65+) Vet Student	Military/Veteran	First Res	nonder 🔲 Teache	r/Educator
Semon citizen (65.) — vet stadent	Trimed y, veceran	Thistites	ponaci reaciie	il Laucatoi
Durania and Commont Veterina and Heavitale				
Previous or Current Veterinary Hospital:				
Please tell us how you heard about Adva	nced Animal Care	of Colorado	and DOG TALES A	ctivity Center
(We like to reward referrals so please give us a clie	ent name if possible!))		
Pet Information				
	Breed		Canine/Felin	e/Other (circle one)
Name Male Female			canne,rem	cy other (entire one)
Color Male Female	Spayed/Neutered?	→ Yes → No B	irthdate (or approx. age	e)
Microchip (if applicable)	Pet Insurance and Pol	icy Number (if ap	plicable)	
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Pet Information				
Name	Breed		Canine/Felin	e/Other (circle one)
Color Online Female	Snaved (Neutored)	Vac No P	irthdata (or approx. age	.1
Color Wiale Female	Spayed/Neutered?	– Yes – No B	irthdate (or approx. age	e)
Microchip (if applicable)	Pet Insurance and Pol	icy Number (if ap	plicable)	
Pet Information				
Name	Breed		Canine/Felin	e/Other (circle one)
Color Male Female	Spayed/Neutered?	Yes No B	irthdate (or approx. age	<u>.)</u>
				· · ·
Microchip (if applicable) Pet Insurance and Policy N	Number (II applicable)			
No. 11. 12. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		10 601	1 (4400) 11	1, 5
May we utilize your pet's photo, first name, and st	ory in Advanced Anii	nai Care of Coloi	rado (AACC) social me	eaia?
V I I ' AACC. 1 . C				201
Yes, I authorize AACC to use photos of my pet(expectation of compensation.	s) for the purpose in	dicated above. I	give this authorization	on without
No, I do not want AACC to use photos of my pe	t(s) for the nurnoses	indicated above	ı.	
1.0, I do not want filled to use photos of my pe	eto, for the purposes	marcutcu 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.
XSignature of Owner or Agent		Date		
Signature of Owner of Agent		Date		