

Client Information

Name _____

First

Last

Address _____ **City** _____ **State** _____ **Zip** _____

Phone Numbers (_____) _____ (_____) _____ (_____) _____
Home (or primary contact #) Cell Work

Email _____ **Employer** _____

*Please note our email is primarily used to provide you with paperless receipts! We do not sell any information.

Spouse or Partner (or secondary contact)

Name _____

First

Last

Phone Numbers (_____) _____ (_____) _____ (_____) _____
Home Cell Work

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

- Senior Citizen (65+) Vet Student Military/Veteran First Responder(FD/PD/EMT)

Previous 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)** _____

Pet Information

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Color _____ Male Female **Spayed/Neutered?** Yes No **Birthdate (or approx. age)** _____

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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 _____ Date _____
Signature of Owner or Agent