

## Client Information

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ circle one: Mrs/Ms/Mr/Dr

Primary contact phone number: (\_\_\_\_) \_\_\_\_\_ Other phone number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Colorado Drivers License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone number: (\_\_\_\_) \_\_\_\_\_

Work Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Other person(s) authorized to make medical decisions for your pet(s):

Name: \_\_\_\_\_ Primary contact phone number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Primary contact phone number: (\_\_\_\_) \_\_\_\_\_

How would you prefer we contact you for reminders:  e-mail  regular mail  telephone

Would you be interested in receiving informational e-mails from us:  yes  no

Please help us by indicating how you first heard of University Hills Animal Hospital? **I was referred by:**

- Other Veterinarian or Hospital (name): \_\_\_\_\_
- Humane Society (name): \_\_\_\_\_
- Friend or Acquaintance (name and phone number): \_\_\_\_\_  
May we thank them for referring you to us?  Yes  No
- I used to come here in the past.
- Noticed Sign/Location
- Internet or web site: \_\_\_\_\_
- Yellow Pages Advertisement
- Pet Station
- Puppy Love Suds n Snacks
- Washington Park Profile
- Colorado Dog Magazine
- Silent Auction Item
- Valu Pak
- Other (please explain): \_\_\_\_\_

Please indicate your preferred method of payment:  Cash  Check  Credit/Debit

**Our payment policy:** payment is due at the time that services are rendered for your pet. If you have questions about this policy, or our fees, please let us know **before services have been performed.**