



Front Range Animal Hospital



Name: _____ Spouse/Other Name: _____
Nick Name: _____ Children's Names: _____
Physical Address: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ 2nd Cell: _____
Work Number: _____ Emergency Contact: _____ Emergency Contact Number: _____
Best time to call you regarding your pet's care: _____
How may we contact you: Phone _____ Email _____ Text _____ Which is your preference? _____
Email: _____ 2nd Email: _____

Pet's Name: _____ Date of Birth: _____ Breed: _____

Color: _____ Sex: M F Spayed/Neutered: Yes No

How much time does your pet spend outdoors? Exclusively More than ½ Less than ½ Almost None None

What prior illness or health issues has your pet had? _____

Do you plan to breed? Yes No Do you have pet health insurance? Yes No

Did you bring previous medical records? Yes No Has your pet been micro chipped? Yes No

If not, what is the name of your previous vet? _____

Does your pet go to any of the following?

Groomer _____ Kennel _____ Dog Park _____

Classes _____ Shows _____

Does your pet have any drug, food or vaccine allergies? Yes No

Do you take your pet on vacation: Yes No

Do you give your pet a heartworm preventive? Yes No

Where does your pet sleep? _____

Does your pet go hiking or camping with you? Yes No

Has your pet ever had a dental cleaning? Yes No

When was the last time your pet was vaccinated? _____

Which vaccines? _____

How did you hear about us?

Personal Referral (who shall we thank)? _____

Phone Book Website Pet City Humane Society Facebook Google Search

Sign (drove by) Smiths Dog Lodge Angie's List Current Client Other _____

NOTE

We take pride in the quality of service and medical care we are able to provide you and your pet. If you have any problems at any time please let us know. If you don't understand anything, please ask us to explain. In an effort to maintain these standards and keep your costs at a reasonable level, we do not bill for service rendered. The information on this form is true and accurate.

I agree to pay for professional services and medications as they are rendered. Overdue accounts are subject to billing fees and may be sent to a collection agency for nonpayment, with all associated fees.

Signature: _____ Date: _____

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