

# Red Hill Animal Health Center

955 Cowen Drive Carbondale, CO 81623  
Tel. 970-704-0403 Fax. 970-704-0533

## New Client Form

### Welcome to our practice!

Please tell us how you heard about us:

- Referral: Who may we thank for recommending us? \_\_\_\_\_  
 Internet Search    Phone Book    Newspaper Ad    Radio Ad    Facebook    Drive by/location  
 Other: \_\_\_\_\_

### Client Information (Please Print)

Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse/Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Other Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address(s): \_\_\_\_\_

### Pet(s) Information

Pet's name: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

Age/ DOB: \_\_\_\_\_

Length of time owned: \_\_\_\_\_

Female    Male    Spayed    Neuter

Previous Medical Records:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pet's name: \_\_\_\_\_  Dog  Cat

Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Length of time owned: \_\_\_\_\_

Female    Male    Spayed    Neuter

Previous Medical Records:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

We will gladly prepare a written estimate for services. This will be important to you since all professional fees are due at the time services are rendered. We accept Visa, Master Card, Care Credit, American Express, checks and cash.

To prevent the spread of infectious diseases, all hospitalized and boarded patient must be current on all vaccines and free from internal & external parasites.

Signature of Responsible Agent for Pet(s): \_\_\_\_\_ Date: \_\_\_\_\_