

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: _____