

Loving Family Animal Hospital



14605 E. Arapahoe Rd.
Aurora, CO 80016
303-680-5050

New Client Information Sheet

Thank you for giving us the opportunity to care for your pet.
We'll be happy to answer any questions you have about your pet's health.
To ensure the best care possible, please take the time to fill in this form completely.

Owner _____
Children's Names _____
Address _____ Apt/Suite # _____
_____ County _____
City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Work Phone _____
Email Address _____ Driver's
License # _____
Emergency Contact _____ Number _____
Relationship: _____
How did you learn of our hospital? Yellow Pages _____ Recommendation _____ By whom?
_____ Sign/Location _____ Direct Mailer _____ Door hanger
_____ Previous Client _____ Magazine _____
24 Hr. Service _____ Website _____ Other (Google, Yelp
etc.) _____
Regular/Prior Veterinarian: _____ Phone # _____

Other pet's names _____ May we call to get
records on your pet(s)? _____
How do you prefer to receive reminders? Email _____ Postcard
_____ Both _____

Pet Information

Name of pet: _____
Dog _____ Cat _____ Other _____
Breed: _____ Color: _____

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Birthdate or Age: _____ Gender: Male ___ Female ___ Is your pet Neutered or Spayed? Yes ___ No ___

Has your pet received vaccinations in the last year? Yes ___ No ___ Where?

Why is your pet coming in to see us?

What medications/supplements/vitamins is your pet taking currently?

Is your pet on monthly heartworm prevention? Yes _____,
product _____ No _____

Is your pet on monthly flea/tick prevention? Yes _____,
product _____ No _____

What brand of food do you feed your pet?

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit may be required for treatment. We accept cash, checks, all major credit cards, & Care Credit which can be approved in as little as 10 minutes.

Signature of Owner or responsible agent

_____ Date: _____