

TABLE MOUNTAIN VETERINARY CLINIC
15555 W. 44TH AVE. GOLDEN, CO 80403

CLIENT INFORMATION

NAME: _____ SPOUSES' NAME: _____
ADDRESS: _____ HOME PHONE: _____
CITY: _____ ZIP CODE: _____ CELL PHONE: _____
EMAIL: _____ WORK PHONE: _____
SPOUSE'S WORK PHONE: _____

PATIENT INFORMATION

NAME: _____ DOG ___ CAT ___ OTHER _____
BREED: _____ AGE: _____
COLOR/MARKINGS: _____ DATE OF BIRTH: _____
SEX: MALE / NEUTERED MALE / FEMALE / SPAYED FEMALE

HOW DID YOU CHOOSE TABLE MOUNTAIN VETERINARY CLINIC?

REFERRED BY : _____
I AM A PREVIOUS CLIENT WITH ANOTHER PET: ___ SAW SIGN: ___
NOTICED BUILDING DRIVING BY: _____ YELLOW PAGES: _____
INTERNET: _____ I KNOW A STAFF MEMBER: _____
OTHER: _____

SPECIAL CONCERNS OR PROBLEMS:

AUTHORIZATION / FINANCIAL AGREEMENT

Payment is due as services are rendered. You may pay by cash, personal check (with proper identifications), or accepted credit cards. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory. In the event that payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance over 30 days old. A statement fee of \$2.00 per month and a service charge of 1.75% of the outstanding balance will be charged to your account if not paid in full. Additionally, all returned checks will incur a charge of \$25.00.

I understand that I am financially responsible to the applicable Table Mountain Veterinary Clinic practices for all charges relating to this animal. I have read and accept the financial obligations.

Signature (must be 18 years or older) Date