





## KIPLING VETERINARY HOSPITAL & WELLNESS CENTER 2095 S. Oak Street, Lakewood, CO 80227 Phone: 303-987-8515 Fax: 303-987-0709

## Kipling Veterinary Hospital and Wellness Center New Client and Patient Information Form

			Client I	nformation				
Owners Name & Address		Last	First	Home Pho	ne #	Cell Phone #		
		Street	City	State		Zip		
Spouse or Partner		Name	Preferred P	Preferred Phone #				
		May we send reminders & newsletters?						
Prefered Email(s)				YES				
Employer		Company Name	Company I	Company Phone #				
			Pet In	formation				
Dog	Cat	Pet Name	Breed	Color	DOB	Sex	Nuetered	
How/V	Vhy did y	you select us?						
Would	vou like	e Behavior Managen	nent Assistance? If so, p	lease explain				
	-			-				
	2	e to Microchip your	•	lready microchipped				
If your	· pet(s) tr	cavel (or has traveled	l) out of the area, where	)				
I	Please r	ead and underst	and our conditions	for patient services	, health prot	ection, and	fees	
	-		t on <u>all</u> vaccines and	· ·	-		<u> </u>	
Thi	s policy	v is in effect to lin	nit exposing your pet(	s) and other clients'	pets to infect	tion and part	asites.	
			Payme	nt Policy				
			E DUE AT THE TIME S					
			erican Express, Care Cre estimate if you desire (pl		-		ıt.	
			Fees and F	inance Policy				
		•	narges acrue from unpaid					
			to your account for retu es will be added to balar		-		scharge	
			erred to collection agents			patient di		
Signat	ure of <b>R</b>	Responsible Agent f	or Pet(s)			Date		