

Western Slope Animal Hospital

Dr. John Shull and Dr. Cassandra Brown

7478 60.75 Rd
Olathe, CO 81425
970-323-0444

New Client Information Form

Name: _____ Spouse's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____
Who referred you to our clinic? _____
Driver's License #: _____ Issuing State: _____ Date of Birth: _____

Animal Information

1) Name: _____ Age/DOB: _____ Breed: _____
Color: _____ Sex: _____ Spayed/Neutered: _____
Last known vaccinations: _____
Any known allergies or current history we should be aware of? _____

2) Name: _____ Age/DOB: _____ Breed: _____
Color: _____ Sex: _____ Spayed/Neutered: _____
Last known vaccinations: _____
Any known allergies or current history we should be aware of? _____

All fees are due at time services are rendered

Authorization for Professional Services

I hereby authorize Western Slope Animal Hospital to perform such diagnostic, therapeutic, and surgical procedures as are in their opinion necessary and advisable for the treatment and maintenance of my animal's health and wellbeing. All procedures are performed to the best abilities of the professional staff. I realize no guarantee nor warranty can ethically or professionally be made regarding the results or cure. I also authorize the hospital administrator and staff to provide veterinary services verbally as required or in emergency or implied circumstances to follow through with such procedures is necessary for the wellbeing of my animal(s). The authorization will be on a continuing basis until Western Slope Animal Hospital has notified in writing. I understand that I assume financial responsibility for all services rendered. All unpaid balances after 30 days following the date of service are subject to a service charge of 1.5% per month, or 18% annually. The minimum service charge is \$4.00. If my account is in default if payment for any amount or is referred to an outside agency for collection, I agree to pay additional charges that include, but not limited to: cost of collection, attorney fees, and court costs.

I have read and agree to the above statements. _____ Initial

Owner signature: _____ Date: _____