

7478 60.75 Rd Olathe, CO 81425

970-323-0444

CLIENT INFORMATION SHEET

Name:		Spouse Nar	ne:		
Address:		City:		_State:	Zip:
Phone # Home:	Cell:		Work:		
E-Mail:					
Referred By:			·····		
Driver's License Number:		Issuing	State:	_ Date of B	irth:

Please list all animals: name, age or DOB, breed, color, sex (spay/neutered), date of last vaccines, know medical conditions.

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ALL CHARGES ARE DUE AT TIME OF SERVICE

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 as necessary for the wellbeing of my animal(s). The authorization will be on continuing basis until Western Slope Animal Hospital has terminated the agreement 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 service charge of 1.5% per month, or 18% APR. The minimum Service Charge is \$4.00. If my account is in default for any amount or is referred to an outside Collection Agency, I agree to pay additional charges that include, but are not limited to cost of collection, attorney fees, and court cost. I HAVE READ AND AGREE TO THE ABOVE STATEMENTS. _____(INITALS)

Owners Signature:_____

Date: