



**Caring Hands**

**VETERINARY HOSPITAL & HOSPITALITY CENTER**

13741 Colorado Blvd. • Thornton, CO 80602  
303-451-VETS (8387) • 303-452-7387 (fax)

www.denvertvet.com  facebook.com/CaringHandsVet



## Client Information

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Communication:**

<b>Reminders:</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Text	<input type="checkbox"/> Mail
<b>Newsletters:</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Text	<input type="checkbox"/> Mail
<b>Alerts &amp; Promotions:</b>	<input type="checkbox"/> Email	<input type="checkbox"/> Text	<input type="checkbox"/> Mail

**How Did You Hear About Caring Hands?**

<input type="checkbox"/> Phone Book	<input type="checkbox"/> Drove By	<input type="checkbox"/> Referred By:	_____
<input type="checkbox"/> Web Search	<input type="checkbox"/> Other	<input type="checkbox"/> Ad (Where)	_____

## Other Contact Information

**Other Contact:** \_\_\_\_\_  Spouse  Partner  Friend  Family - Relationship :

**Contact Phone:**  Home  Cell  Work

**Alternate Contact:** \_\_\_\_\_  Spouse  Partner  Friend  Family - Relationship :

**Alt. Contact Phone:**  Home  Cell  Work

- \* For your pet's protection, we require all vaccinations or titers are current before hospitalization, surgery, boarding, day care, or grooming. If vaccines are not current, your pet must receive them before staying in our facility.
- \* Owners who abandon their pets will be prosecuted.
- \* Payment in full is expected at time of service. Accounts not paid as agreed will be subject to collection costs, including attorney fees. Monthly interest fees at the rate of 1.5%, monthly service charges, and returned check fees will be added to outstanding accounts.
- \* Caring Hands requires a minimum of 24-hours notice in the event you are unable to honor your scheduled appointment. Failure to provide 24-hours notice will result in the following: First No-Show, follow-up call and reminder of our cancellation policy; Second No-Show, a deposit of current exam fee will be required as a condition to schedule future appointments.
- \* Immune status of your household: People who are immuno-compromised are at increased risk of disease transmission from their pet. Any person: under 10 or over 60 years old; or who have had a splenectomy; are HIV+, on steroids, or pregnant would be at risk. Is anyone who has regular contact with your pet immuno-compromised? \_\_\_\_\_

**I have read and understand the above policies. I am over 18 years of age.**

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**



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### Animal 1 Information

Animal Name	Age/Date of Birth	Sex	Breed	Color
		<input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Last Veterinary Facility or Shelter to see or treat this animal.</b>	Name:			
	Address:			
	City, State:			
	Phone:			
	Last Visit Date:			
<b>Previous Health Problems or Allergies</b>				

### Animal 2 Information

Animal Name	Age/Date of Birth	Sex	Breed	Color
		<input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Last Veterinary Facility or Shelter to see or treat this animal.</b>	Name:			
	Address:			
	City, State:			
	Phone:			
	Last Visit Date:			
<b>Previous Health Problems or Allergies</b>				

### Animal 3 Information

Animal Name	Age/Date of Birth	Sex	Breed	Color
		<input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Last Veterinary Facility or Shelter to see or treat this animal.</b>	Name:			
	Address:			
	City, State:			
	Phone:			
	Last Visit Date:			
<b>Previous Health Problems or Allergies</b>				

May we save your pet's photo for our records?

Yes

No

May we use your pet's photo on our website or other publications?

Yes

No