



1674 South 21st Street
Colorado Springs, CO. 80904
(719)313-0842

Client Information		
First Name	Last Name	
Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone (Optional):	
☐ Okay to Text	☐ Okay to Text	
Email:		
How did you hear about us?		
Pet Information (Required)		
Name:	Breed:	
DOB:	☐ Male ☐ Female ☐ Spayed/Neutered	
Medical Issues:		
Is your Pet Aggressive Toward Humans or Other Animals? (If Yes, Explain) ☐ No ☐ Yes		
(Staff Use Only) Do Not Fill/Enter Information		
Color/Markings:	Rabies Exp:	
Parvovirus Exp:	Distemper Exp:	
1st Emergency Contact		
First Name	Last Name	
Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone (Optional):	
☐ Okay to Text	☐ Okay to Text	

2nd Emergency Contact (Optional)		
First Name	Last Name	
Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone (Optional):	
☐ Okay to Text	☐ Okay to Text	
Email:		
Veterinary Contact Information (Required)		
Business Name	Veterinarian	
Address:		
City:	State:	Zip:
Primary Phone:	Emergency Phone:	
Special Notes:		

Receive Reminder/Notification Calls: ☐ Yes ☐ No

☐ Call
☐ Text
☐ Email

Signature: _____ Date: _____