



Lone Tree Veterinary Medical Center

"We believe that all pets deserve to have a good life."

Welcome to our facility and thank you for giving us the opportunity to care for your pet. Please help us better meet your pet's needs by taking a moment to complete the following information. Please print clearly.

Owner _____ Spouse/Co-Owner _____

Address _____ Apt.# _____ City _____ State _____ Zip _____

Owner Cell _____ Home Phone _____ Work Phone _____

Occupation _____ Email Address _____

Spouse/Co-Owner Cell _____ Occupation _____ Work Phone _____

1. How did you hear about us? (please check one)

Drove By/Saw Sign Website Facebook Our Blog

Animal Rescue Shelter Pet Store Breeder

Online Review Online Directory Print Ad Radio Ad

Friend/Family Member (whom may we thank?) _____

Other _____

2. What primary service are you here for today? (please check one)

Medical Boarding Grooming Obedience Training Retail Purchase

Other _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We will gladly prepare a written estimate if you desire (please ask a receptionist or medical staff member).

We accept cash, personal checks, Master Card, Visa, American Express, Discover, and Care Credit. *We do not provide payment plans.* There will be a \$25.00 service charge for any check returned to us unpaid.

By signing below, you acknowledge that the information you have provided on this form is accurate and that you understand and agree to abide by the payment terms.

Owner's Signature _____ Date _____