



# 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 Our Sign    Our Website    Our Blog    Facebook  
 Online Review Site (Google, Yelp, etc.)    Online Search    Print Ad    Radio Ad  
 Friend/Family Member    Animal Rescue    Shelter    Pet Store    Breeder  
 Other Veterinary/Pet Facility

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

- Medical    Boarding    Grooming    Obedience Training    Retail Purchase

**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 \_\_\_\_\_