



5495 Powers Center Point
Colorado Springs CO 80920
Phone 719-282-1222
Fax 719-282-9824

New Client Information

Your Information - Please indicate which is your primary contact number

Your Name: _____ Cell: _____

Spouse's Name: _____ Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____

E-mail Address: _____

Place of employment: _____

How did you **first** hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Friend or Family | <input type="checkbox"/> Phone Book (Which one) _____ |
| <input type="checkbox"/> Driving By | <input type="checkbox"/> Advertisement (Where) _____ |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other (Please List) _____ |
| <input type="checkbox"/> Yelp Reviews | |
| <input type="checkbox"/> Google Reviews | |
| <input type="checkbox"/> Petacular | |

Whom can we thank for your referral? _____

****Payment is required at the time services are rendered. We accept cash, major credit cards, and Care Credit.**

****Please feel free to ask us about the cost of our services prior to those services being rendered. We will be happy to provide you with a written estimate.**

****Permission and professional services:**

By signing below, I authorize North Powers Animal Hospital to provide professional services for my pet as deemed advisable or necessary by the veterinarian and/or agent of North Powers Animal Hospital. I understand that veterinary service is provided during nighttime hours as deemed necessary in the judgment of the veterinarian in charge, but continuous presence of qualified personnel may not be provided.

****If your account becomes delinquent, it may be forwarded to an outside collection agency without notice. If this happens, you will be responsible for all costs of collection, including but not limited to interest, rebilling fees, court costs, attorney fees, and collection agency costs.**

Signature: _____ Date: _____

Please complete the pet information section on back



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Pet Information

(please fill in the following for each pet)

Previous veterinarian where records can be obtained _____

Name _____ Species (dog, cat, etc.) _____

Breed _____ Color _____

Birthdate (or approx. age) _____ Sex _____ Spayed/Neutered _____

Name _____ Species (dog, cat, etc.) _____

Breed _____ Color _____

Birthdate (or approx. age) _____ Sex _____ Spayed/Neutered _____

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