

**Raintree Animal Hospital
2335 S. Shields St.
Fort Collins, CO 80526**

Date: _____

OWNER INFORMATION (Must be at least 18 years old.)

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

How did you hear about us? Please circle:

Location Humane Society Petco Phonebook Other: _____

Friend: _____ (Please let us know who. We'd like to thank them!)

Email Address: _____

Social Security #: _____ Driver's License #: _____ State: _____

Employer: _____

CO-OWNER INFORMATION

Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Social Security #: _____ Drivers License #: _____ State: _____

PET DESCRIPTION

Name: _____ Sex: _____ Spayed or neutered? _____

Date of birth (please approximate if not known): _____

Breed: _____ Color(s): _____

PAYMENT POLICY

We accept the following forms of payment:

Cash, Check, Mastercard, Visa, Discover, and Care Credit.

We do not offer payment plans, however financing may be available through Care Credit. No held checks will be accepted. There is a \$20.00 service fee for all returned checks.

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE PROVIDED.

Owner's Signature _____

Co-Owner's Signature: _____