

**ITAH**  
 7778 Vance Drive  
 Arvada, Colorado 80003  
 303.420.4422  
 303.420.4681 FAX



**CLIENT INFO FORM**

**Client Information**

Name: \_\_\_\_\_  
 Spouse/Co-Owner Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Spouse Employer: \_\_\_\_\_  
 Driver's License # /State: \_\_\_\_\_  
*(Please show the CCR a copy of your driver's license)*  
 Social Security: \_\_\_\_\_

**Contact Information**

Home: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_  
 Spouse Cell: \_\_\_\_\_  
 Spouse Work: \_\_\_\_\_  
 Please put a check next to the number that is best to reach you.  
 Best Time to be Reached: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 \_\_\_\_\_

**How did you hear about Indian Tree Animal Hospital?**

- Sign/Drive By
- Colorado Dog /American Dog
- Arvada Press
- Dex
- Internet \_\_\_\_\_
- Website
- Indian Tree Pet Lodge and Doggy Day Camp
- 5280
- Client/Previous Client \_\_\_\_\_
- Yellow Pages
- Personal Recommendation (Whom may we thank?) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

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 Birthdate: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

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 Birthdate: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

## CLIENT INFO FORM

### Treatment Authorization and Information Release

I hereby authorize ITAH practices to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate at any time by contacting the doctors and assistants.

In the event that I sell this animal to another owner, I authorize release of medical information to the new owner.

### Financial Policy

**Payment is due as services are rendered.** For hospitalized cases, a deposit is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, personal check (with proper identification), accepted credit cards, and CareCredit. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.

In the event that payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance over 30 days old. A service charge of 18% annually of the outstanding balance will be charged if not paid in full. All returned checks will incur a charge of \$40.00 and immediately submitted to Jefferson County Courts for collection.

Rechecks and bandage changes may require additional charge. We are subject to State and Federal Laws prohibits us from restocking returned drugs. The State Boards of Pharmacy state that, "any medication that has left the confines of the Hospital Pharmacy is considered dispensed and out of control of the Doctor". Therefore, we cannot refund any returns.

### Names of Individuals Authorized to Pick Up Pet from ITAH:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I understand that the owner or agent is financially responsible to the applicable ITAH practices for all charges relating to this animal. I have read and accept the financial obligations and agree to pay for fees related to collection of any unpaid balance including legal fees. I have read and agree to the treatment authorization.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**