



## Welcome to Aspen Animal Hospital

Tell us about yourself:

Owner's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Co-Owner's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*We send all vaccine and appointment reminders by email/text. You will receive an email after your initial visit which will allow you to update your communication preferences. If your information changes at any time, please inform one of our staff members in order to continue receiving reminders\*

Tell us about your pet(s):

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

Breed: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Colour: \_\_\_\_\_

Birthday: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sex: **M / F** Neutered / Spayed Sex: **M / F** Neutered / Spayed

Last Vaccinations: \_\_\_\_\_ Last Vaccinations: \_\_\_\_\_

Clinic: \_\_\_\_\_ Clinic: \_\_\_\_\_

Does your pet have any previous medical issues? **Yes / No**

If yes, please list them here: \_\_\_\_\_

\_\_\_\_\_

Is your pet currently taking any medications? **Yes / No**

If yes, please list each medication here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have pet insurance? **Yes / No** If yes, with which company? \_\_\_\_\_

If you do not have pet insurance, we can send you with a free 30 day insurance trial today. It needs to be activated by phone or e-mail within 24 hours of your pet's visit today and requires NO financial obligation whatsoever. This trial will be deactivated after 30 days unless you advise the insurance provider otherwise.

Would you like to begin a free 30 day pet insurance trial today? **Yes / No**

We love taking pictures of all the wonderful pets we see here at Aspen Animal Hospital. If any photos are taken of your pet during their visits to our clinic, do you authorize us to share them with others on social media outlets such as *Facebook* and/or *Instagram*? **Yes / No**

Has your pet recently travelled out of province? If so please tell us where: \_\_\_\_\_

\_\_\_\_\_

Please feel free to ask our staff to provide you with a written estimate for today's visit if you desire. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We take the following payment methods: MasterCard, Visa, Debit or Direct Billing to Trupanion insurance. WE DO NOT ACCEPT CHEQUES OR AMERICAN EXPRESS. By providing your signature below you agree that as the rightful owner of the pet(s) listed you will pay in full all fees at the time of services rendered.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_