

Mulnix Animal Clinic
 1015 S. Taft Hill Rd., Ste. T
 Ft. Collins, Co 80521
 (970)484-1848 Fax (970)484-1251
www.mulnixanimalclinic.com

WELCOME TO OUR PRACTICE

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information with us.

PERSON'S NAME _____ SPOUSE/OTHER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE (_____) _____

CELL PHONE (_____) _____ EMAIL ADDRESS _____

EMPLOYER _____ WORK PHONE (_____) _____

SOCIAL SECURITY # _____

SPOUSE/OTHER EMPLOYER _____ SPOUSE WORK PHONE (_____) _____

How/Why did you select us? _____ Yellow Pages _____ Close To Home _____ Word of Mouth
 _____ Referral by Friend or Other Veterinarian (please list their name) _____
 _____ Humane Society _____ Breeder (please list name) _____
 _____ Clinic Website _____

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR PET:

NAME _____ CAT OR DOG? (CIRCLE ONE) BREED _____

SEX: MALE _____ MALE NEUTERED _____ FEMALE _____ FEMALE SPAYED _____

DATE OF BIRTH (OR AGE) _____ COLOR _____

DATE OF VACCINATIONS: DISTEMPER COMBO _____ RABIES _____

MICROCHIP NUMBER _____ TATTOO _____

DO YOU HAVE OTHER PETS IN THE HOUSEHOLD? (PLEASE LIST):

Pet's Name	Species	Breed	Age or Date of Birth

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate if you desire (please ask one of our staff members). In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Cash, Check, Visa, Mastercard, Discover, American Express and Care Credit. There will be a \$25.00 service charge for any check returned unpaid. All returned checks are routed to and handled by Check Tec #970-530-4200.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

SIGNATURE OF RESPONSIBLE AGENT FOR PET(S) _____ DATE _____