

# WELCOME TO ARAPAHOE ANIMAL HOSPITAL

[www.arapahoeanimalhospital.com](http://www.arapahoeanimalhospital.com)



**MAIN HOSPITAL**

5585 Arapahoe Avenue  
Boulder, CO 80303

**AAH - DOWNTOWN**

1730 15<sup>th</sup> Street  
Boulder, CO 80302

NEW FILE # \_\_\_\_\_

SCANNED  by \_\_\_\_\_ (Staff initials)

**Please help us meet your needs better** by providing information we'll need for your pet's care.  
PLEASE COMPLETE ALL SECTIONS BELOW:

**OWNER'S NAME:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home/Other # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (Street Address if mailing address is P.O. Box) \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

Primary Email Address \_\_\_\_\_

**SPOUSE /CO-OWNER:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

**IF YOU ARE NOT PET'S OWNER** (e.g., pet sitter, friend, temporary guardian):

Your Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Your Address/Contact Info: \_\_\_\_\_

**EMERGENCY NUMBERS / Contact Persons:** \_\_\_\_\_

**PLEASE TELL US REASONS YOU'VE CHOSEN OUR HOSPITAL...** (Check all that apply)



**REFERRED** to AAH by: \_\_\_\_\_

**ONLINE :**

Visited AAH website \_\_\_\_  
Google Search \_\_\_\_  
Yelp / Online Review \_\_\_\_  
DexKnows.com \_\_\_\_  
YellowBook.com \_\_\_\_  
Other \_\_\_\_\_

**PHONE BOOKS:**

Dex Boulder Directory \_\_\_\_  
Dex Longmont Directory \_\_\_\_  
Dex Broomfield Directory \_\_\_\_  
YellowBook Directory \_\_\_\_  
Other \_\_\_\_\_

**VETERINARY SERVICES:**

Reputation/Quality of Care \_\_\_\_  
Medical/Surgical Services \_\_\_\_  
Emergency Services \_\_\_\_  
  
Birds & Exotics Care \_\_\_\_  
Pet Boarding \_\_\_\_  
Doggie Day Care \_\_\_\_

Laser Therapy \_\_\_\_  
Acupuncture \_\_\_\_  
Location / Hours \_\_\_\_  
Other \_\_\_\_\_

**NEW ADOPTION:**

Animal Shelter Adoption \_\_\_\_  
Hayes (Redog Kennel) Puppy \_\_\_\_

**ADVERTISING / PROMOTIONS:**

Care to Share Rewards Program \_\_\_\_  
Boulder's Dinner Theater Program \_\_\_\_  
Boulder Philharmonic Program \_\_\_\_  
CU Presents Program \_\_\_\_  
AAH Gift Certificate / Other \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

***YOUR PETS***

---

---

**FOR INFECTIOUS DISEASE PREVENTION:** ALL hospitalized, boarding, and Doggie Day Care pets must be ***current on vaccinations*** and free from internal and external parasites. Our hospital will provide any vaccines and fecal testing/treatment your pet may need (with charges assessed at discharge).

---

---

<u>PET'S NAME</u>	<u>SPECIES/BREED</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>	<u>SPAYED OR NEUTERED?</u>	<u>COLOR</u>
1.					
2.					
3.					

**PET HISTORY:** If your pet(s) have traveled ***out of state***, please tell us where and when:

Are your pet(s) currently on ***heartworm prevention*** medication? Yes \_\_\_ No \_\_\_

Have your pet(s) been ***microchipped*** (for Lost Pet Identification)? Yes \_\_\_ No \_\_\_

**OTHER HOSPITALS** where my pet(s) have been treated: \_\_\_\_\_

---

---

***PET PHOTO PERMISSION REQUEST***

---

---

May we include your pet's photo, first name, and stories in our hospital advertising, website, social media, and other materials? Please ***initial*** your preference below:

\_\_\_\_\_ YES, I give my permission for Arapahoe Animal Hospital to use photos of my pet(s), as described above.

\_\_\_\_\_ NO, please do ***not*** use photos of my pet(s) for the purposes above.

---

---

***AAH PAYMENT POLICY***

---

---

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE** unless special payment arrangements have been made with your doctor. A 2% finance charge is assessed monthly on balances outstanding over 30 days (24% per annum) with a \$4.00 processing fee for monthly statements. Unpaid accounts may be forwarded to an outside Collections Agency. Emergency care, hospitalization, and extended boarding may require a deposit. We accept major credit cards, cash, personal checks (with ID), and *CareCredit*. ***My preferred method of payment is:*** \_\_\_\_\_

---

---

***TERMS AGREEMENT & RECORDS RELEASE AUTHORIZATION***

---

---

By signing below, I accept the ***payment terms and hospital policies*** outlined on this form.

I authorize Arapahoe Animal Hospital to request and receive my pet's ***patient records*** from other animal facilities, as needed, and to release my pet's patient information from Arapahoe Animal Hospital when requested by other animal facilities, for the health care and treatment of my pet.

**SIGNATURE** of responsible agent for pet(s) \_\_\_\_\_ **Date** \_\_\_\_\_

- PLEASE SIGN HERE -

---

---

HOSPITAL OFFICE USE ONLY: **Welcome Form Intake/Review** by \_\_\_\_\_ (*Staff initials*)

New Client is **Immediate Family Member** of: \_\_\_\_\_ **Relationship** to Employee: \_\_\_\_\_  
(*AAH Employee name*)