

WELCOME TO ARAPAHOE ANIMAL HOSPITAL

www.arapahoanimalhospital.com



MAIN HOSPITAL

5585 Arapahoe Avenue
Boulder, CO 80303

AAH - DOWNTOWN

1730 15th Street
Boulder, CO 80302

NEW FILE # _____

SCANNED by _____ (Staff initials)

To help us provide the very best care for your pet -- PLEASE COMPLETE ALL INFO BELOW:

OWNER: First Name _____ Last Name _____

Your Preferred Nickname _____ Home # _____ Cell # _____

Home Address _____ City _____ State _____ Zip _____

Please provide Street Address if mailing address is P.O. Box _____

Primary Email Address _____

Employer / Address _____ Work # _____

SPOUSE /CO-OWNER: First Name _____ Last Name _____

Cell/Home Phone _____ Email _____

Employer / Address _____ Work # _____

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

Your Name _____ Relationship to Owner _____

Your Address _____ Phone(s) _____

OTHER EMERGENCY CONTACT (*Name/Phone*) _____

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



REFERRED to AAH by: _____

PERSONAL RESEARCH:

Visited AAH website _____
Google Search _____
Yelp / Reviews _____
Online Directories _____
Phone Book/Yellow Pages _____
Other _____

VETERINARY SERVICES:

Reputation/Quality of Care _____
Medical/Surgical Services _____
Emergency Services _____
Birds & Exotics Care _____
Hospital Location _____
Convenient Hours _____

NEW ADOPTION:

Local Animal Shelter Adoption _____
Hayes (Redog Kennel) Puppy _____
Other _____

SPECIAL SERVICES

Pet Boarding _____
Doggie Day Care _____
Acupuncture _____
Laser Therapy _____

YOUR COMMENTS / SUGGESTIONS:

ADVERTISING & PROMOTIONS:

Care to Share Referral Program _____
Boulder Dinner Theater Program _____
CU Presents Program _____
Boulder Philharmonic Program _____
AAH Gift Certificate _____
Other Source: _____

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: _____


AAH PAYMENT POLICY

FULL PAYMENT IS DUE AT THE TIME OF SERVICE unless special payment arrangements have been made with Hospital Management. A 2% finance charge will be assessed monthly on balances outstanding over 30 days and a \$4.00 processing fee is applied for monthly statements. Emergency care, hospitalization, and extended boarding stays may require a deposit. We gladly accept major credit cards, cash, checks (with ID), and *CareCredit*.

Method of payment I will be using today: _____

PET PHOTO PERMISSION REQUEST

May we include your pet's photo, first name, and stories in social media, AAH website, hospital advertising or other materials? Pet photos are for in-Hospital use only and are never shared or sold. *Please check one box below:*

YES, I authorize Arapahoe Animal Hospital to use photos of my pet(s) for the purposes described above. 

NO, I do not want the Arapahoe Animal Hospital to use photos of my pet(s) for the purposes described above.

TERMS AGREEMENT & RECORDS RELEASE AUTHORIZATION

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

PLEASE **PRINT YOUR NAME HERE:** _____

HOSPITAL OFFICE USE ONLY: **Welcome Form Intake and Review** Completed by _____ (*Staff initials*)

New Client is **Immediate Family Member** of: _____ **Relationship** to Employee: _____
(*AAH Employee*)