

**Welcome to Living Springs Veterinary Care L.L.C.**

820 Shari's Court Bennett, CO 80102 (303) 644-3337 fax (303) 644-3379

**Owner:**

Your Name (and Spouse): \_\_\_\_\_

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

Mailing Address (if different from street address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

S.S.N.: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Whom can we thank for referring you to our practice?**

\_\_\_\_\_

**Animals:**

Name: \_\_\_\_\_ Species: Dog, Cat, Horse, Other \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M, NM, F, SF Age/DOB \_\_\_\_\_

Color and Specific Markings: \_\_\_\_\_

Current medications or problems: \_\_\_\_\_

**What are we seeing your pet for today?** \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Species: Dog, Cat, Horse, Other \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: M, NM, F, SF Age/DOB \_\_\_\_\_

Color and Specific Markings: \_\_\_\_\_

Current medications or problems: \_\_\_\_\_

**What are we seeing your pet for today?** \_\_\_\_\_

\_\_\_\_\_

**All payments are due in full at the time that the services are rendered.**

We currently accept payment by cash, check, VISA, CareCredit or MasterCard. There will be a \$20.00 fee on all returned/insufficient checks. Any unpaid balances will accrue interest at 1.5% and billing fees after 30 days.

Signature of responsible party for authorizing and/or paying for services.  
(Owner or agent of the patients.)

\_\_\_\_\_ Date: \_\_\_\_\_