

Raintree Animal Hospital
2335 S. Shields St.
Fort Collins, CO 80526



Date: _____

OWNER INFORMATION (Must be at least 18 years old.)

Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Why did you choose Raintree Animal Hospital to care for your pets?

- Location?
- Humane Society /Rescue/Shelter Recommendation? Which one? _____
- Phonebook?
- Other Veterinary Hospital? Which one? _____
- Internet? Website name? _____
- Other? _____
- Friend? _____ (Please let us know who. We would like to thank them!)

How do you prefer to be contacted? Please circle: •Home •Cell •Work •Email

CO-OWNER INFORMATION

Last Name: _____ First Name: _____

Phone Number: _____

PET DESCRIPTION

Name: _____ Sex: _____ Spayed or neutered? _____

Date of birth (please approximate if not known): _____

Breed: _____ Color(s): _____

PAYMENT POLICY

We accept the following forms of payment:

Cash, Check, Mastercard, Visa, Discover, AMEX, and Care Credit.

We do not offer payment plans; however, financing may be available through Care Credit. No held checks will be accepted. There is a \$30.00 service fee for all returned checks.

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE PROVIDED.

Owner's Signature _____