

BUXTON VETERINARY HOSPITAL
4740 FLINTRIDGE DRIVE
COLORADO SPRINGS, COLORADO 80918

OWNER'S LAST NAME FIRST NAME SPOUSE NAME

ADDRESS CITY STATE ZIP

HOME PHONE WORK PHONE CELL PHONE

EMAIL ADDRESS

PLACE OF EMPLOYMENT DRIVER'S LICENSE #

EMERGENCY CONTACT PHONE NUMBER

Patient's Name: _____
Breed: _____

Patient's Name: _____
Breed: _____

Sex: Male, Neutered, Female, Spayed
(Circle one)

Sex: Male, Neutered, Female, Spayed
(Circle one)

Date of Birth: _____
Color: _____

Date of Birth: _____
Color: _____

Vaccinations and Date Last Given _____

Is your pet currently taking any medication? _____

Does your pet have any medical conditions? _____

How did you hear about us? _____

Name of person financially responsible for this account: _____

Address: _____ Phone Number: _____

Social Security #: _____ Signature: _____

PAYMENT IS DUE IN FULL WHEN SERVICES ARE RENDERED UNLESS PREVIOUSLY
ARRANGED WITH THE DOCTOR AND OFFICE MANAGER. WE DO NOT TAKE PAYMENTS ON
ROUTINE VISITS, MEDICATION, FOOD, PRODUCTS AND ELECTIVE PROCEDURES.

A 21% finance charge and \$1.50 billing fee will be added to all unpaid balances at the end-of-the-month.
Customer hereby acknowledges and agrees that any account that becomes delinquent will be subject to
collections service. Customer agrees to pay all court costs and reasonable attorney fees for collection of all
past due amounts owed, plus interest thereon at 18 % per annum on all such amounts outstanding.

SIGNATURE

DATE