



5735 Independence St.
Arvada, CO 80002
303-423-3370

Name: _____ Spouse or other name: _____

Address: _____ City: _____ Zip: _____

Home Phone:(____) _____ Work Phone:(____) _____

Cell Phone:(____) _____ E-Mail _____

Place of Employment: _____ Drivers License #: _____

Emergency contact and phone: _____

Whom may we thank for referring you? _____

How did you hear about us? _____

First Animal's Name: _____ Date of Birth/Age: _____

Species (Can/Fel): _____ Breed: _____

Gender (M/F): ____ Spayed./Neutered? (Yes/No) _____ Color: _____

Approximate date and type of last exam and vaccines: _____

Previous health conditions/concerns: _____

Reason for visit today: _____

Second Animal's Name: _____ Date of Birth/Age: _____

Species (Can/Fel): _____ Breed: _____

Gender (M/F): ____ Spayed./Neutered? (Yes/No) _____ Color: _____

Approximate date and type of last exam and vaccines: _____

Previous health conditions/concerns: _____

Reason for visit today: _____



Communication Consent Form

We at Jefferson Animal Clinic consider you and your pet(s) as part of our family. During the year, we would like your permission to communicate with you regarding things that can be of assistance to you and your beloved pet(s). We regularly send out e-newsletters with helpful tips for the health care of your pet(s) and would love to have you follow us on Facebook! We also want to be able to send a “thank you” for any referral you might give, a best wish for a Birthday or holiday, special offers on health care products that we recommend and of course, reminders for upcoming appointments. By receiving your permission, we know that we are communicating with you because you want to receive information that will benefit the health and well-being of your pet(s). Please check (X) below for any and all ways in which you are willing to be communicated with:

____: Direct Mail other than “Reminders” (post office)

____: Phone other than “Reminders”

____: Text (Please provide preferred phone # for text messages : _____)

____: Email (Please provide preferred e-mail address: _____)

We respect your privacy and will not sell, rent or trade any of your personally identifiable information. The above are for communications from our hospital to you, and will not be used for any other reason.

Client Signature

Date

Print Name

Thank you for being a part of our family! We truly care about you and your pet(s) and look forward to communicating with you throughout the year!

Your friends at,

Jefferson Animal Clinic
5735 Independence St.
Arvada, CO 80002

Release of Information for Media or Website Publication

Here at Jefferson Animal Clinic, we like to educate our clients, share interesting cases, facts and tips about caring for your pet(s)! We also love to take pictures and share adorable photos with everyone! No personal or sensitive information is ever used. Do you give Jefferson Animal Clinic permission to release media and information about your pet?

_____ YES

_____ NO

_____ Signature of Owner

_____ Date