

San Juan Veterinary Clinic, Inc.  
822 Spring Creek Road  
Montrose, CO 81403  
Telephone: (970)-249-4490  
Fax: (970)-240-4580

### **New Client Information**

Owner \_\_\_\_\_

Street address \_\_\_\_\_

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

Mailing address (If different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

S.S. Number \_\_\_\_\_

Spouse (co-owner) \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Referred By: \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Neuter/Spayed \_\_\_\_\_

Animal's Primary Vet \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_ has this pet had any previous  
medical problems or currently on any medications? \_\_\_\_\_

\_\_\_\_\_

Would you like us to fax records to your pet's primary veterinarian? \_\_\_\_\_

**ALL ACCOUNTS ARE PAID IN FULL AT TIME OF SERVICE. A DOWN  
PAYMENT, HALF OF YOUR ESTIMATE, IS REQUIRED ON ALL  
HOSPITALIZED PATIENTS. NO EXCEPTIONS.**