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**New Client Information Sheet:**

***Owner Information:***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Co-Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Owner Phone Number: (Home, Work, Cell) \_\_\_\_\_

Please Circle One

Co-Owner Phone Number: (Home, Work, Cell) \_\_\_\_\_

Please Circle One

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Discounts (Please provide ID) Senior (65) \_\_\_\_\_ Military \_\_\_\_\_

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

***Pet Information:*** \_\_\_\_\_ Canine \_\_\_\_\_ Feline \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_

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

DOB or Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Neutered / Spayed: \_\_\_\_\_

As legal owner or responsible agent, I authorize such therapeutic and/or surgical procedures as deemed necessary and agreed upon by myself and by the attending veterinarian. **I agree to make payment in full upon discharge of the patient.** San Juan Veterinary Clinic will charge a 1.75% finance charge of balance for each month that this account is not paid in full. If upon default, this account will be turned over to our collection agency and you will be charged a collection fee of 33% of balance due.

Our goal is to provide timely care to all our patients and to respect not only the veterinarian's time, but the constraints of a tightly booked schedule. If you must cancel your appointment, we request a call or email at least 24 hours before your pet's appointment. This allows us to accommodate other patients who may need prompt medical care. If you miss an appointment, there will be a \$40.00 "no show" fee. If you miss a procedure, there will be a \$100.00 "no show" fee.

**(If you cancel or do not attend multiple appointments, your account can be subject to closure with the practice.)**

Occasionally, we like to share how cute a pet is with others, please check the appropriate following box that San Juan Vet Clinic may use pictures/images of my pet(s) for lawful purposes, such as their social media, publicity, web content, etc. Please select: ☐ I Agree ☐ Disagree

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