



Premier Care with the Compassion Your Pet Deserves.

10148 W. Chatfield Avenue  
Littleton, Colorado 80127  
Tel (303) 973-4200  
Fax (303) 973-1344  
www.dcah.com

# NEW CLIENT FORM

*Thank you for giving Deer Creek Animal Hospital the opportunity to care for your pet(s).  
So that we may become better acquainted, please complete the following information.*

Pet Owner's Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Spouse/Co-Owner Name: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

**Contact Information**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

S. Cell: \_\_\_\_\_

S. Work: \_\_\_\_\_

Please put a check mark next to the number that is best to reach you at.

Best Time to be Reached: \_\_\_\_\_

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

How did you hear about Deer Creek Animal Hospital?

- Sign
- Yellow Pages
- Client/Previous Client
- Other Veterinarian
- Newspaper
- Pet Store
- Newspaper Ad
- Website
- Breeder
- Rescue Group
- Other (please specify) \_\_\_\_\_
- Personal Recommendation (Whom may we thank?) \_\_\_\_\_

*Deer Creek Animal Hospital is please to provide the following services:*

General Health & Wellness Care • Emergency Services • Dentistry • Orthopedic & Laparoscopic Surgery  
Ultrasound • Radiology • Chinese Herbal Medicine • Diagnostics • Boarding Services • Endoscopy • Acupuncture  
Laboratory • Chemotherapy • Behavior Modification • Animal Rehabilitation • Dog Training • Grooming • Retail

We are proud members of the American Animal Hospital Association  
and were awarded Practice of Excellence from Veterinary Economics and Pfizer

***(Please complete additional information on page two.)***

***Please tell us about your pet(s): Please list every pet even if they are not being seen today.***

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex:  M  F

Spayed/Neutered:  Yes  No Date of Last Vaccination: \_\_\_\_\_ Type: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Color/Markings: \_\_\_\_\_ Sex:  M  F

Spayed/Neutered:  Yes  No Date of Last Vaccination: \_\_\_\_\_ Type: \_\_\_\_\_

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Spayed/Neutered:  Yes  No Date of Last Vaccination: \_\_\_\_\_ Type: \_\_\_\_\_

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***All fees are due at the time services are rendered.***

Please indicate choice of payment:  Cash/Check  Visa/Mastercard/American Express

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date

***If you have downloaded this form, please complete and bring it with you to your appointment. We look forward to meeting you and your family pet very soon.***