



**Broadlands Veterinary Clinic**  
3800 W. 144th Ave. B-1500 Broomfield, CO 80023  
(303) 410-8522

Please provide the following information so we can serve you and your pet better.  
(please print clearly)

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Best time to contact: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

**Pet Information**

**NAME SPECIES BREED COLOR DATE OF BIRTH SEX SPAYED/NEUTERED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about our Hospital:**

Shelter: \_\_\_\_\_ Which? \_\_\_\_\_ Website: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_

Friend: \_\_\_\_\_ Name: \_\_\_\_\_ Other: \_\_\_\_\_

**How would you like to receive reminders:**

Email: \_\_\_\_\_ Mail: \_\_\_\_\_ List your email address: \_\_\_\_\_

**How would you like to communicate with us?**

Phone (opt in) \_\_\_\_\_ (opt out) \_\_\_\_\_ Email (opt in) \_\_\_\_\_ (opt out) \_\_\_\_\_  
Text (opt in) \_\_\_\_\_ (opt out) \_\_\_\_\_

I hereby authorize the veterinarian to exam, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that ***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.***

Signature of client responsible for pet(s): \_\_\_\_\_ Date \_\_\_\_\_

Drivers license #: \_\_\_\_\_

Previous Vet \_\_\_\_\_ Phone #: \_\_\_\_\_