



Durango Animal Hospital

Your Other Family Doctor.

Pet Parent Information – Please Print & Fill Out Entirely Client ID: _____

Primary Account Holder **Driver's License #:** _____

First Name: _____ Middle Initial: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: (____) _____

Home Phone: (____) _____ Email Address: _____

Secondary Account Holder **Driver's License #:** _____

First Name: _____ Middle Initial: ____ Last Name: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Other Phone : (____) _____ Relation to Primary Account Holder: _____

How did you hear about us? (Circle One)

Yellow Pages – Street Sign – Website – Facebook – Google – Yelp – Other: _____

Pet Insurance? _____

Pet Information

Pet Name	Species	Breed	Color	Gender	Spayed?	Neutered?

Photo & Media Release

Durango Animal Hospital will take photos of you and/or your pet as needed for our medical records. We ask your permission to take additional photos to copyright, use, and publish in print and/or electronically. We may use such photographs for any lawful purposes including but not limited to: publicity, marketing materials, advertising, website content, and social media content.

_____ DAH may use photos of me and/or my pet for uses explained above.

_____ DAH may *not* take photos of me and/or my pet beyond medical records needed.

I, the owner or authorized agent for the fore-described pet(s), as primary pet parent, am at least 18 years of age and accept full responsibility for all costs incurred. I understand that as a condition of treatment by this hospital, personal financial arrangements must be made in advance. In the event that this account should go unpaid, I will be subject to the costs of collections, including attorney fees and/or collection agency fees.

Pet Parent Signature: _____ **Date:** _____

For Office Use Only:

Inputted By: _____

Confirmed By: _____