

**Aspen Veterinary Clinic**

441 Landmark Lane #5  
Spring Creek, Nevada 89815  
(775)753-9111

**New Client Account Information**

**Client Information & Responsibilities:**(All information provided is confidential)

Owner's name \_\_\_\_\_ Spouse \_\_\_\_\_

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

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

Telephone # (Cell) \_\_\_\_\_ (Home/Secondary Cell#) \_\_\_\_\_

Email Address \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_

**Pet Information**

1. Pet's Name \_\_\_\_\_ Species: Canine / Feline /Other \_\_\_\_\_

Circle One: Male/Neutered Male Female/Spayed Female

Breed \_\_\_\_\_ Birthday/Age \_\_\_\_\_ Color \_\_\_\_\_

2. Pet's Name \_\_\_\_\_ Species: Canine / Feline /Other \_\_\_\_\_

Circle One: Male/Neutered Male Female/Spayed Female

Breed \_\_\_\_\_ Birthday/Age \_\_\_\_\_ Color \_\_\_\_\_

3. Pet's Name \_\_\_\_\_ Species: Canine / Feline /Other \_\_\_\_\_

Circle One: Male/Neutered Male Female/Spayed Female

Breed \_\_\_\_\_ Birthday/Age \_\_\_\_\_ Color \_\_\_\_\_

**Payment Policy** ALL payments are due time of service. Deposits may be required for medical care/or surgery provided by AVC (Aspen Vet Clinic). If you have any questions/concerns regarding our policy, a staff member will address them with you prior to services being rendered. ANY account left unpaid for 30 days, will accrues interest at 18% annual & will incur a billing fee of \$6.00 monthly. ***I authorize AVC to institute legal action, and/or the use of a collection company if my account becomes delinquent or negligent of the above financial arrangements. The costs incurred during this process will be passed on to me. I am the owner of the presented animal for medical care. I hereby consent AVC to receive, prescribe, treat or perform necessary surgery on my animal upon release.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_