

**WELCOME TO HARMONY HOSPITAL FOR PETS!**  
**309 W. HARMONY RD. – FORT COLLINS, CO 80526**  
**OFFICE: 970-226-1524 FAX: 970-226-1061**

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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OWNER'S NAME: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT. #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ MAY WE CALL YOU AT WORK? YES / NO

EMAIL ADDRESS: \_\_\_\_\_

(USED TO SEND YOU IMPORTANT REMINDERS TO KEEP YOUR PET IN OPTIMAL HEALTH)

**\*\*PERSONAL INFORMATION IS NEVER GIVEN OUT TO ANY THIRD PARTY**

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SPOUSE'S/CO-OWNER'S NAME: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ MAY WE CALL HIM/HER AT WORK? YES / NO

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IN CASE OF AN EMERGENCY, IF WE CANNOT REACH EITHER YOU OR SPOUSE/CO-OWNER, IS THERE SOMEONE ELSE WE CAN CONTACT? YES / NO

NAME: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

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HOW WERE YOU REFERRED TO HARMONY HOSPITAL FOR PETS? \_\_\_\_\_

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**\*TO KEEP OUR OVERHEAD, CASH FLOW, AND SERVICE FEES UNDER CONTROL, WE ASK THAT PAYMENT BE MADE IN FULL AT THE TIME MEDICAL SERVICE IS PROVIDED. THANK YOU FOR YOUR COOPERATION!**

**FOR YOUR CONVENIENCE, WE ACCEPT THE FOLLOWING METHODS OF PAYMENT:  
CASH, CHECK, VISA, MASTERCARD, DISCOVER, & CARECREDIT.**