



## Animal Clinic, LLC

232 First Street  
Fort Lupton, CO 80621  
303 857-6671  
303 857-6673 Fax

Ray Sagehorn, DVM  
Troy Dowdy, DVM  
Victoria Cabrera, DVM  
Sawyer Howell, DVM  
Samantha Kingett, DVM  
Nigel Miller, DVM

*Thank you for the opportunity to care for your animals!*

Please note – the forms of payment we accept are: Cash, Check, Credit Card, & Care Credit

Date: \_\_\_\_\_

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

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

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

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

Farm Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

And just in case of an Emergency, please provide a contact name and number:

\_\_\_\_\_

Animals:

Registered Name: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex (Please Circle One):    Intact Male            Neutered Male            Female

Color: \_\_\_\_\_            Age: \_\_\_\_\_    or    DOB: \_\_\_\_\_

Registered Name: \_\_\_\_\_ Call Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex (Please Circle One):    Intact Male            Neutered Male            Female

Color: \_\_\_\_\_            Age: \_\_\_\_\_    or    DOB: \_\_\_\_\_