



Animal Clinic, LLC

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Thank you for the opportunity to let us care for your animals!

Let us get to know you a little better!

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: _____

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

