



Welcome To Our Practice!

Dr. Crystal Gill, Dr. Jacque Murray, Dr. Kelcy Walker, Dr. April Zander
3025 Fort Sanders Road
Laramie, WY 82070
755-5469

Name _____ Spouse _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Spouse Phone _____

Email _____

How did you hear of us? Friend (who may we thank: _____)

Newspaper, Internet, Other _____

Pets:

Name	Age	Species	Breed	Color	Sex (spayed or neutered)	Microchip (yes/no)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume full responsibility for all charges incurred in the care of the animal(s). I understand that all professional fees are due at the time of service unless other payment arrangements have been made. In the event that fees are unpaid, I understand that a monthly service charge of 1.75% or \$5.00, whichever is greater, with an additional delinquent fee of \$30.00 will be imposed on the outstanding balance. Should my account be referred to an attorney or collection agency, as a result of non-payment, I agree to pay all reasonable attorney fees, court costs, and collection expenses.

Signed Date