



# Boyd Lake Veterinary Center

3850 E. 15<sup>th</sup> St.  
Loveland, CO 80538  
(970) 593-1717  
[boydlakevet@aol.com](mailto:boydlakevet@aol.com)

## New Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Email \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_

Spouse/Roommate Significant Other \_\_\_\_\_

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

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Email \_\_\_\_\_

Driver's License/ID # \_\_\_\_\_

	<u>Pet Name</u>	<u>Breed</u>	<u>Color</u>	<u>Sex</u>	<u>DOB</u>
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Date of last vaccinations (Must have proof of vaccinations from veterinarian for boarding)

	<u>Distemper</u>	<u>Rabies</u>	<u>Bordetella</u>	<u>Feline Leukemia</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

How did you hear about us? \_\_\_\_\_

If referred by a friend, what is her/his name? They will receive a \$5 coupon.

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