

Aspen View Veterinary Hospital
Dr. Kenneth Chmelka and Dr. Douglas Schrepel
5925 Constitution Ave
Colorado Springs, CO 80915
719-638-6363

Last Name _____ First _____ Spouse _____

Address _____ Apt # _____

City _____ State _____ Zipcode _____

Home Phone _____ Work _____ Spouse Work _____

Email address _____ Drivers License Number _____

How did you hear about us? _____ Whom may we thank? _____

Pet Name _____

Pet Name _____

Breed _____

Breed _____

Date of Birth _____

Date of Birth _____

Color _____ Sex M NM F SF
(Circle one)

Color _____ Sex M NM F SF
(Circle one)

Chip or tattoo number _____

Chip or tattoo number _____

Last date & vaccinations given _____

Last date & vaccinations given _____

Current conditions/illnesses and medications,
if any _____

Current conditions/illnesses and
medications,
if any _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s).
I assume responsibility for all charges incurred in the care of this animal. I also understand that
these charges will be paid at the time of release and that a deposit may be required for treatment.
Method of payment _____ Cash _____ Check _____ Visa _____ Mastercard _____ Discover _____

Signature of Owner or Agent _____ Date _____