



720 Austin Avenue Suite #107 · Erie, CO 80516

(303) 828-0373 · erieah1@gmail.com

CLIENT (OWNER) INFORMATION

Date: _____
 Client: _____ Other Authorized Caregiver: _____
 Address: _____ PO Box #: _____
 Email: _____ City/Zip: _____
 Primary phone: _____ Secondary phone: _____
 Employer Name: _____ Employer Phone: _____
 Emergency Contact/Number: _____
 How did you learn of our clinic?
 Sign Newspaper Internet Town Fair Humane Society Erie Magazine
 Anthem Magazine Other: _____
 Recommendation- Who may we thank? _____
 Number of Pets: Dogs: _____ Cats: _____ Other: _____
I authorize the release of records for insurance purposes (initial) : _____

PATIENT (PET) INFORMATION

Pet's Name: _____ Dog Cat Other _____
 Breed: _____ Color: _____
 Date Obtained: _____ Birthday/Age: _____
 Sex: Male Neutered Female Spayed
 Obtained Pet From: Breeder Friend Humane Society
 Pet Shop Other _____
 Allergies or Sensitivities: _____
 Describe Pet's Diet: _____
 List Pet's current Medications: _____
 Prior Health Conditions/Surgeries: _____

REASON FOR TODAY'S VISIT

Pet History (check all that your pet has received):

<input type="checkbox"/> Feline Leukemia Test	<input type="checkbox"/> Rabies	<input type="checkbox"/> Canine Distemper/Parvo Vaccine
<input type="checkbox"/> Feline Leukemia Vaccine	<input type="checkbox"/> Leptospirosis	<input type="checkbox"/> Heartworm Prevention
<input type="checkbox"/> Feline FVRCP	<input type="checkbox"/> Canine Influenza	<input type="checkbox"/> Kennel Cough Vaccine

Date Given _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described patient. **I am over 18 years of age** and assume responsibility for all charges incurred in the care of the patient. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** If paying by check, proof of driver's license and expiration is required. There is a \$30 processing fee for each returned check.

Signature of client responsible for patient _____ Date _____

I authorize the use of pictures of my pet(s) in informational media (initial) _____