



720 Austin Avenue Suite #107 • Erie, CO 80516

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### 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:**

☐ Feline Leukemia Test ☐ Rabies  
☐ Feline Leukemia Vaccine ☐ Leptospirosis  
☐ Feline FVRCP ☐ Canine Influenza

#### **Date Given** \_\_\_\_\_

☐ Canine Distemper/Parvo Vaccine  
☐ Heartworm Prevention  
☐ Kennel Cough Vaccine

### 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) \_\_\_\_\_