720 Austin Ave., Suite #107; Erie, CO 80516 Office: (303)828-0373 Fax: (303)828-4967

CLIENT INFORMATION

Date:_____
Owner:_____ Spouse:_____
Address:_____ PO Box #:_____
Email:_____ City/Zip:_____
Home Phone: _____ Cell 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:_____

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: **Date Given**_____

☐ Feline Leukemia Test ☐ Rabies ☐ Canine Distemper/Parvo Vaccine
☐ Feline Leukemia Vaccine ☐ Leptospirosis ☐ Heartworm Prevention
☐ Feline Distemper ☐ Canine Flu Brand_____

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 $20 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)_____