



Client Information

Do you have an appointment?

If Yes – What is the date? _____ If no – please call 970-223-7789 to schedule

Owner/Financially Responsible Party _____ Cell Phone # _____

Co-Owner's Name (If Applicable) _____ Cell Phone # _____

Home Address _____ Home Phone # _____

City _____ State _____ Zip Code _____

Email Address _____

Please provide an email address where we may send your reminders and correspondence:

Email: _____

Owner's place of employment _____

May we contact you at work? Yes No Phone # _____

Co-Owner's place of employment _____

May we contact him/her at work? Yes No Phone # _____

Is there someone you would like to list as an emergency contact?

Name _____ Relation _____ Phone # _____

Who may we thank for your referral? _____

Please sign that you have read the following:

I understand that payment is due in full the same day services are rendered. We accept cash, Care Credit, Visa, Mastercard, Discover and American Express.

Signature _____ Date _____

Pet Information

Owner's Name _____

Pet's Name _____ Breed _____ Color/Markings _____

Date of Birth (ok to estimate) _____ Is he/she microchipped? _____

Circle One: Male Neutered Male Female Spayed Female

Where can we call for previous medical records?

Name _____ City _____ State _____ Phone # _____

General Information

Where did you get your pet? _____ When? _____

Has your pet ever lived outside of the area? Yes No If yes where? _____

Does he/she travel outside of the area? Yes No If yes where? _____

Does your pet go outdoors at all? Yes No

List any other pets living in the household _____

Medical Information

Any known previous injuries, surgeries, or medical problems?

Any known allergies (including allergic reactions to medications/vaccinations) _____

Is your pet currently on any medications or supplements? Yes No

Medication name(s) _____

Has your dog been tested for Heartworm Disease? Yes No When? _____

Is your dog on Heartworm Preventative? Yes No

Has your cat been tested for Feline Leukemia Virus? Yes No When? _____

What type of food does your pet eat? _____

Canned or dry? _____ Cups/day _____