



New Client Registration Form

Date: ___/___/___

Your Information

Name (to Appear on Account) First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell / Home Email: _____

Secondary Phone: _____ Preferred Method of Contact: Phone / Email / Text

Emergency Contact Name: _____ Phone: (____) _____

How did you hear about us? (please check one)

 Signage
 Social Media
 Internet
 Other: _____

Your Pet's Medical History

Pet's Name: _____ Age: _____ Species: Dog / Cat

Breed: _____ Color/Markings: _____

Sex: Male / Female Neutered/Spayed: Y / N Date: ___/___/___

Your Pet Lives: Indoor / Outdoor / Mix Microchipped: Y / N #: _____

Current Medications/Supplements (Name, Strength, Dosage): _____

Has your pet been dewormed before? Y / N

Is your pet on any heartworm, flea, or tick preventative? If so, please specify: _____

Prior Medical Diagnoses: _____

Prior Surgeries: _____

Vaccination History:

- Rabies: ___/___/___ Lyme: ___/___/___
 Bordetella/Parainfluenza: ___/___/___ Rattlesnake: ___/___/___
 Distemper (DAPP/DAPPL): ___/___/___ With Lepto? Y / N
 Canine Influenza H3N8/H3N2: ___/___/___

See Next Page

Please Answer the Following Questions About Your Pet

- Other pets in the home** **Number:** _____ **Type:** _____
- Frequents Public Places/Boarded**
- Travel Between States**

Please provide the name and contact information of your previous veterinary clinic:

Authorization for Care

By signing below, I am the owner (or authorized agent of the owner of) of my pet. I hereby authorize Colorado Equine Clinic, PC, DBA Colorado Equine & Small Animal Clinic, its veterinarians, technicians, and assistants to perform services, procedures, diagnostics, vaccinations, treatments, and/or administration of extra-label medications as deemed necessary or advisable in connection with or relating to matters described in the attached estimate or the matters that have otherwise been explained by the hospital veterinarian or other hospital associate.

I understand that there is a risk of complications with every procedure, including the possibility of death as a severe complication of surgery, anesthesia, or other procedure. I also understand that there is no guarantee as to the results of any procedures, diagnostics, vaccinations, or treatments. I understand that I may ask any questions that I have regarding any procedure, diagnostic, vaccination, or treatment recommended by the veterinarian before it is performed.

I authorize Colorado Equine & Small Animal Clinic to obtain all medical records regarding my pet from other hospitals where my pet has previously been examined or treated.

I understand that there may not always be a veterinarian at the hospital. I understand that veterinary technicians or assistants may perform certain functions in the preparation and care of my pet even when a veterinarian is not present. I also understand that a veterinarian will not be at the hospital overnight and unless the veterinarian advises that my pet may remain unattended in the hospital overnight, I will need to take my pet home or transfer my pet to a hospital offering overnight care at the end of the day. I if fail to pick up my pet by the end of the day I understand that Colorado Equine & Small Animal Clinic may transfer my pet to a hospital offering overnight care if the veterinarian determines that my pet cannot be left unattended overnight. I understand and agree that I am responsible for the payment of any charges for overnight care.

I agree that Colorado Equine & Small Animal Clinic may walk my pet outside. I understand in the event of an emergency, it may be necessary for my pet to be taken to an emergency hospital. I authorize Colorado Equine & Small Animal Clinic and its veterinarians and other personnel to transport my pet to an emergency hospital and to obtain treatment by the emergency hospital to stabilize my pet if I cannot be reached. Colorado Equine & Small Animal Clinic may disclose such information and records regarding my pet to the other hospital as they consider necessary.

If I neglect to pick up my pet within 7 days, Colorado Equine & Small Animal Clinic may assume that my pet has been abandoned and is authorized to make such arrangement as it may deem best.

I authorize, the doctors and staff of Colorado Equine & Small Animal Clinic complete authority to perform procedures including, but not limited to anesthesia, surgery, diagnosis, dentistry (including extractions), any additional diagnostic procedure, or treatment to promote the patient's wellbeing, and or help with their medical conditions. I understand that the Doctors and staff will use all expected precautions against injury, escape, and death of my pet. I also understand that all sedation/anesthesia involves an innate risk and in rare occurrences death. I release the Doctors, staff, and Colorado Equine & Small Animal Clinic from any and all liability arising from all; treatments, anesthesia, and procedures involving my pet _____ (pet name)

If I miss an appointment, I agree to pay the appropriate no show fee. The no show fee for missing a doctor's appointment is \$50 and the no show fee for missing a surgical procedure will be 50% of the estimated cost. If I do not receive an estimate, I may be sent one after the missed appointment to confirm the amount to be paid for my failure to arrive at the appointment.

Flea Control Acknowledgement

A flea control product will be administered to any pet that has live fleas. Making your pet more comfortable and protecting the hospital and other pets from a flea infestation.

When given an additional charge will be applied. Initial Acknowledgement: _____

Payment Authorization

I understand that payment is due, in full at the time services are rendered. If for any reason payment is not made at the time services are rendered or within 10 days thereafter, I understand my account may be referred to a collection agency.

For your convenience, we accept Visa, Mastercard, American Express, Discover, cash, check, and Care Credit.

Optional Media Release

By **initialing** this box, I authorize my pet to be photographed/videoed by CEC staff for educational and promotional purposes. Names will be kept anonymous, but images may be seen in a public environment.

Certification

Your signature below certifies that you own the above-described animal(s), have authorized Colorado Equine & Small Animal Clinic to treat and care for your pet, and agree to provide payment at the time of service.

English is my language of preference for reviewing and entering contracts.

All fees are due upon release of patient

During surgical procedures please be available throughout the day for calls

By signing, I am consenting as either the owner or legal agent of the owner

Printed Name: _____

Signature _____

Date _____