



**Client Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/Apt #/PO Box City/State Zip

Physical Address (if different): \_\_\_\_\_  
Street/Apt # City/State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse/Other Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Spouse/Other Contact's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact you at work?  Yes  No

If you are unable to make critical medical decisions regarding your animal, identify who is authorized to do so:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Communication Preferences**

Primary Contact:  Home phone  Cell phone  Spouse phone  Work phone

Reminders and Automated Communications:  Home phone  Cell phone  Spouse phone  email

Financial Records / Invoices:  Home phone  Cell phone  Spouse phone  email

General Communications:  Home phone  Cell phone  Spouse phone  email

**Patient Information**

Pet's Name: \_\_\_\_\_ Dog/Cat/Other: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ OR Age: \_\_\_\_\_ Gender:  Neutered Male  Spayed Female  Male  Female

Do you have a veterinarian you go to on a regular basis? \_\_\_\_\_  
Doctor Clinic

If so, did your veterinarian refer you?  Yes  No If not, who did refer you? \_\_\_\_\_

Is your pet up to date on Rabies vaccination?  Yes  No If yes, date of last vaccination \_\_\_\_\_

Is this pet covered by pet insurance?  Yes  No Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

If yes, would you like us to submit insurance claims for this pet on your behalf?  Yes  No

## Where did you hear about us?

- Yellow Pages     Internet     Sign/Drove By     Advertisement: \_\_\_\_\_ (advertising source)
- Friend/Family     Been Here Before     Business Reference: \_\_\_\_\_ (business name)
- Veterinarian     Event: \_\_\_\_\_ (event name)     Other: \_\_\_\_\_

## Treatment Authorization and Information/Photo Release

\_\_\_\_\_ I hereby authorize Wheat Ridge Animal Hospital to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors or other representatives of Wheat Ridge Animal Hospital.  
Initials

\_\_\_\_\_ I understand that, if I was transferred/referred by another veterinarian, they will require a summary of my pet's care and treatment upon transfer to ensure that treatment continues uninterrupted. I understand that if I identified a referring veterinarian this implies Wheat Ridge Animal Hospital is authorized to release records and information to that referring veterinarian.  
Initials

\_\_\_\_\_ I understand that Wheat Ridge Animal Hospital consists of leaders and teachers in veterinary medicine, thus case information and/or photos may be used in teaching, documentation, continuing education, their website, veterinary literature, and the like. I authorize the release of case/patient information for such purposes; patient confidentiality will be maintained.  
Initials

\_\_\_\_\_ In the event that I sell or relinquish this animal to another owner, I authorize release of medical information to the new owner.  
Initials

I have read and agree to the treatment authorization.

\_\_\_\_\_  
Signature (must be 18 years or older)

\_\_\_\_\_  
Date

## Financial Agreement

I understand the estimate of charges I receive for any services recommended by Wheat Ridge Animal Hospital may vary if additional testing, treatment, or hospitalization is required. ANY estimate provided for surgery is for the specific surgical procedure only. Progress exams pertaining to any referred surgical procedure are usually included at no additional fee. However, re-examinations, follow-up radiographs, bandage/splint changes, additional medications, additional laboratory tests, or expenses associated with managing any type of surgical/medical complication are not included in most provided estimates and will be charged for as services are provided. Please feel free to ask for an additional estimate of charges or an update of your current charges at any time.

Payment is due as services are rendered. For hospitalized and surgical cases, a deposit is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, personal check (with proper identification), or accepted credit cards. In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory. In the event that payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance over 30 days old. A statement fee of \$2.00 per month, and a service charge of 1.75% of the outstanding balance will be charged to your account if not paid in full. Additionally, all returned checks will incur a charge of \$25.00. Should my account become delinquent, I agree to pay all costs and attorney fees applicable in the collection of my account.

I understand that I am financially responsible to the applicable Wheat Ridge Animal Hospital practices for all charges relating to this visit and subsequent visits related to the care of this animal. I have read and accept the financial obligations.

\_\_\_\_\_  
Signature (must be 18 yrs or older)

\_\_\_\_\_  
Date