



New Client Information Sheet Welcome to Our Clinic!

Client Information (Please Print Clearly)

Name: _____ Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Cell #: _____

Employer: _____ Work #: _____

Spouse's Employer: _____ Work #: _____

Spouse Cell #: _____ Best number for us to reach you: (circle one): cell home

Driver's License Number: _____ Exp: _____

Which e-mail address would you prefer to use for reminders about your pet's care:

We email reminders about needed services and appointment reservations. If you cannot receive email reminders, please check here _____. Please make sure to add **clientservice@pikespeakvet.com** to your email address book.

We also provide a **Pet Portal**, a personal website, to each of our patients. Through this portal you will be able to request **appointments** and prescription **refills**, upload photos, and more. **You must have email to access this service.** You will receive an email with a link within 48 hours of your visit. Follow this to set up your pet's website.

How did you learn of our practice? (Please check all that apply)

Outdoor sign ____ Yellow pages ____ Online Search ____ Referral from Existing/Previous Client ____

If someone referred you, whom may we thank for recommending our practice? _____

If online search, from what site: _____

JOINT OWNERSHIP, IF APPLICABLE

Is this pet jointly owned by someone other than you and your spouse? Y N

If yes, Name(s) of Joint Owner(s): _____

Address(es) of Joint Owner(s): _____

Telephone Number(s) of Joint Owners: _____

Percentage of ownership of each person: _____

Person primarily responsible for final decisions on care (must designate one person):

Payment in full is required at the time of service regardless of who brings in the pet(s).

Please list any other person(s) with whom you authorize us to share your personal information and information about your pet(s) (mother, daughter, pet-sitter, etc.):

OVER =====>

Page 2 Client Name: _____

PET INFORMATION

Pet's Name _____ Dog ___ Cat ___ Rabbit ___ Snake ___ Turtle ___
Lizard ___ Ferret ___ Other _____

Birthdate (approximate if not known): _____ Breed: _____

Microchip or Tattoo #: _____

Color: _____ Sex: _____ Neutered/Spayed (date): _____

Date(s) of last vaccinations/tests:

CATS: Rabies _____ Distemper/Upper Respiratory _____

FELV/FIV test _____ Feline Leukemia _____ Fecal _____

DOGS: Rabies _____ Distemper/Parvo _____ Bordetella _____

Heartworm test _____ Fecal/Worming _____ Other Vaccines _____

FERRETS: Rabies _____ Distemper _____

Has your pet been treated for any illness in the past year? Y N

Specify problem: _____

Reason for current visit: _____

Previous veterinarian where past records could be obtained if necessary:

Describe your pet's diet (include treats): _____

List your pet's medication (name, dose & frequency): _____

Other animal(s) at your home:

Dogs _____

Cats _____

Other _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that the full amount is due and to be paid at the time of release, and that a deposit may be required for surgical treatment.

Please know that our attention is placed on you and your pet while you are at Pikes Peak Veterinary Clinic. Occasionally we may miss charges and you are authorizing that we may bill you for any missed charges found within 30 days of your appointment.

Signature of Owner _____ Date: _____