



Client Information

Last Name: _____ First Name: _____

Mobile Landline _____ Primary contact Reminders Invoices General
 (____) _____
 (____) _____
 Email _____@_____

Secondary Contact Name: _____ Relationship: _____

Mobile Landline _____ Primary contact Reminders Invoices General
 (____) _____
 (____) _____
 Email _____@_____

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

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

Emergency Contact Name: _____ Phone: _____

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: _____

Time of arrival: _____

Please complete other side

Treatment Authorization and Information/Photo Release

Initials

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

Ethos is dedicated to being on the leading edge of veterinary care. To achieve this, Ethos has made a commitment to pursue research in the veterinary field to improve the medical care that we provide to our patients. As part of this endeavor, Ethos will store residual patient blood and tissue samples after routine testing has been completed (which will have been decided by you and your veterinarian). If a research opportunity arises where these samples can be utilized, they may be used internally within Ethos or could be submitted to an external research facility. If samples are submitted to an external facility, they become the property of that facility. Provided samples will not be accompanied by any personal information unless you are contacted first and you authorize such a release. I acknowledge the above information and understand that I have the right to opt out of including my pet's residual laboratory samples for research purposes.

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 services is for the length of that visit only. 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 (Visa, MasterCard, Discover, American Express and Care Credit). 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 pursue collection of all overdue charges. Any delinquent account will be sent to collections after 90 days of non-payment. 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 patient. I have read and accept the financial obligations.

Signature (must be 18 yrs or older)

Date