



## 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): \_\_\_\_\_

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Has your pet been dewormed before?                      Y / N

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

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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:**

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**Authorization for Care**

By signing below, I am the owner (or authorized agent of the owner of) of my pet. I hereby authorize The Small Animal Clinic at Colorado Equine Center, 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 that 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 any treatment recommended by the veterinarian before it is performed.

I authorize The 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 always not 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 The 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 The 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 The 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. The Small Animal Hospital may disclose such information and records regarding my pet to the other hospital as they consider necessary.

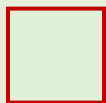
If I neglect to pick up my pet within 7 days, The Small Animal Clinic may assume that my pet has been abandoned and is authorized to make such arrangement as it may deem best.

**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.

Your signature certifies that you own the above described animal(s) and agree to provide payment at the time of service, as outlined above.

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_