

Welcome to Animal Hospital of Colorado Springs

Client Information (Please Print)

SSN Needed For Check Writing Privileges

First Name:	Last Name:	SS#
Phone Number	Is it a home or cell phone?	May we text you?
Spouse (co-owner) Name:	Last Name	SS#
Phone Number:	Is it a home or cell phone?	May we text you?
Street Address:	APT:	City/State/Zip:
E-Mail Address for important info:		

How did you become aware of our clinic? Yellow Pages Facebook Website Clinic Sign
 Referral If referred, whom may we thank? _____ Humane Society
 Internet Search engine / website used _____ Letter Mailed / Brochure
 Other Source _____

Please list the name and phone number of the last clinic your pet was seen at:

Pet Information

Name:	DOB or Age:	Species:
Breed:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Spayed/Neutered? Y <input type="checkbox"/> N <input type="checkbox"/>
Color:	Markings:	Microchip #:

Dog Vaccination History:

Date of Last Vaccinations: **DAPP** (Distemper/Parvo) _____ **Rabies** _____ 1 year / 3 year
Bordetella (Kennel Cough) _____ **Canine Influenza** _____ **Leptospirosis** _____ **Other** _____

Does your dog engage in the following activities: Boarding Doggy Daycare Grooming Dog Parks

Do you test your dog for Heartworm? Y / N What heartworm prevention do you use for your dog? _____

Cat Vaccination History:

Date of Last Vaccinations: **FECVRC** (Distemper Combo) _____ **Rabies** _____ 1 year / 3 year **Feline Leukemia** _____

Does your cat go outside? Y / N Has your cat ever been tested for: Feline Leukemia FIV FIP Result: _____

What food is your pet currently on? _____ How much do you feed your pet per day? _____

Date of last professional dental cleaning _____ Clinic dental done at _____

Please list any medications your pet is currently taking:

Are there any special concerns that you would like addressed at today's exam?

THE FINANCIAL POLICY OF ANIMAL HOSPITAL OF COLORADO SPRINGS

Thank you for choosing Animal Hospital of Colorado Springs. Our primary mission is to deliver the best and most compassionate veterinarian care available to your pet. Animal Hospital of Colorado Springs requires payment in full at the end of your pet's visit and/or at time of discharge. We only ask that you understand your responsibility and for the payment of your account balance.

I, the undersigned, am the owner, or agent for the owner, of the animal described above. I authorize Animal Hospital of Colorado Springs, LLC to perform diagnostics, anesthesia, surgery and treatment as prescribed. I agree to pay all fees required by the attending veterinarian when services are rendered. I realize I cannot be guaranteed a successful outcome. I agree to pick up the pet when requested and understand the animal may be declared abandoned after three days if not claimed.

I agree to authorize Animal Hospital of Colorado Springs to use my pet's picture for promotional and advertising purposes.

Our basic financial policy is the following:

FULL PAYMENT IS DUE AT THE TIME OF SERVICE

- WE ACCEPT CASH, CHECK, MONEY ORDER, VISA/MASTERCARD, AMERICAN EXPRESS or DISCOVER **(CARD AND CARD OWNER MUST BE PRESENT)**
- WE OFFER CONVENIENT MONTHLY PAYMENTS FROM CARECREDIT **(CARD AND CARD OWNER MUST BE PRESENT)**
ALLOW YOU TO BEGIN TREATMENT TODAY AND PAY OVER TIME
AVAILABLE FOR ANY TREATMENT AMOUNT
CAN BE USED REPEATEDLY FOR YOUR ENTIRE FAMILY WITHOUT REAPPLYING
- IF YOU HAVE PET INSURANCE, WE ARE HAPPY TO PROVIDE YOU WITH THE NECESSARY DOCUMENTATION TO SUBMIT A CLAIM TO YOUR INSURANCE COMPANY. BUT IN NO WAY ARE RESPONSIBLE FOR YOUR AGREEMENT WITH THE INSURANCE PROVIDER.

Missed or cancelled appointments without 24 hours will carry a \$50.00 service fee.

For some treatments or hospitalized care, a deposit may be required.

YOUR OBLIGATION

All customers are responsible for full payment at the time of service unless specific arrangements are made prior to the start of your pet's treatment. You are responsible for payment regardless even if a final bill is not completed at time of your visit.

CLIENT RESPONSIBILITY AND ADDITIONAL TERMS

Accounts unpaid after 45 days from day of service are subject to a delinquent fee of \$35.00. Furthermore the unpaid balance is subject to a 1 ½% monthly (18% Annual) finance charge. If we have to submit your unpaid account to a collections process you will be responsible for all charges our practice incurs; including late fees, finance fees, collection cost, staff costs, court filing fees and reasonable attorney's fees. Any returned checks or credit card payments will carry a \$35.00 service charge.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. If you have any question about our Financial Policy please consult our office staff before signing.

I have read the Financial Policy. I understand and agree to the terms of Animal Hospital of Colorado Springs. ***A picture ID is also required with your signature.***

Client/Pet Owner Name Printed

Client/Pet Owner Signature

Date