

Client/Patient Information Form

CLIENT INFORMATION DATE _____

Guardian's Name _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse / Co-Guardian _____

Email Address _____

Best way to reach you? Phone _____ Email _____

Previous Veterinary Clinic _____

May we contact your previous clinic for medical records if necessary? Yes ___ No ___

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
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	Pet #1	Pet #2	Pet #3
Name			
Sex (m/f)			
Spay/Neuter (y/n)			
Age (date of birth)			
Breed			
Color			

I give the Humane Society of Boulder Valley Veterinary Clinic permission to release information on any of my animals that have been seen at the Clinic. This information would include, but not be limited to, vaccine history, prescription information, and copies of records requested by persons other than myself.

The undersigned accepts that past due accounts, and checks returned for insufficient funds are subject to a \$25.00 fee. Any customer whose account is submitted for collection shall be responsible for all costs of collection including reasonable attorney fees. The undersigned accepts personal responsibility for payment of any debts incurred. Venue for any dispute and interpretation of this agreement shall be in the City of Boulder, County of Boulder, and State of Colorado.

HSBV reserves the right to charge a \$25.00 "No Show" fee if a client does not keep their scheduled appointment, and fails to call to reschedule or cancel. These fees are higher for dentistry and specialist services.

All Fees Are Due At the Time Services Are Rendered

Signature of Guardian or Responsible Party _____