

Welcome



VetERinary Specialists
of the Rockies | CARE. COMMITMENT.
COMPASSION. 24/7

CLIENT AND PATIENT REGISTRATION

CLIENT INFORMATION:

FIRST		LAST		M.I.					
ADDITIONAL AUTHORIZED GUARDIAN:			PHONE:						
ADDITIONAL AUTHORIZED GUARDIAN:			PHONE:						
STREET ADDRESS:		CITY:		STATE:		ZIP:			
PHONE: HOME-		CELL-		WORK-					
WHICH NUMBER IS BEST FOR TODAY?									
WHICH NUMBER IS BEST FOR OVERNIGHT?									
EMAIL ADDRESS:				Would you like to join our newsletter?			YES	NO	
EMERGENCY CONTACT:				PHONE:					
FAMILY VETERINARIAN:				IS THIS YOUR FIRST VISIT?				YES	NO
HOW DID YOU HEAR ABOUT US?		FAMILY VET		FAMILY/FRIENDS		FACEBOOK		WEBSITE	
(CIRCLE ALL THAT APPLY)		PREVIOUS VISIT		NEWS		RADIO		INTERNET	
		DROVE BY		EVENT		OTHER: _____			
ARE THERE ANY OTHER PETS IN THE HOUSE?			DOGS _____		CATS _____		OTHER: _____		

PATIENT INFORMATION

PET'S NAME		SPECIES:		<input type="checkbox"/> CANINE	<input type="checkbox"/> FELINE	OTHER: _____	
BREED:		<input type="checkbox"/> MALE	<input type="checkbox"/> NEUTERED	<input type="checkbox"/> FEMALE	<input type="checkbox"/> SPAYED	AGE: _____	
COLOR:		DATE OF LAST RABIES VACCINE:		ADMINISTERED BY:			
ANY KNOWN DRUG ALLERGIES OR VACCINE REACTIONS?				DIET:			
CURRENT MEDICATIONS, FLEA/TICK AND HEARTWORM PREVENTION:							
ANY RECENT TRAVEL OUTSIDE OF COLORADO OR TO THE MOUNTAINS? WHERE/WHEN?							
REASON FOR YOUR VISIT:							

I am the owner or authorized agent of the animal listed above, and being over the age of 18, I authorize Veterinary Specialists of the Rockies, its staff and contracted agents to perform medical and initial diagnostic/surgical procedures on my pet as required for diagnosis and treatment. Veterinary Specialists of the Rockies takes all possible care in the treatment and handling of animals, but cannot assume responsibility in the case of fire, theft or escape. I assume full responsibility for all charges incurred for the care of my pet and understand these charges will be paid as the services are rendered. I also acknowledge that deposits may be required for procedures, hospitalization or surgical treatment. I understand that as the owner or agent I am financially responsible for all charges relating to this patient. I have reviewed this patient registration form and provided the most up to date and accurate patient and client information I have available. I have also read and agreed to this treatment authorization, the financial obligation and for use of photos on social media and for educational purposes.

CLIENT/AUTHORIZED AGENT: _____

DATE: _____