



NEW CLIENT INFORMATION SHEET

CLIENT INFORMATION

Name(s): _____ Home Phone: _____ Work: _____ Cell: _____

_____ Work: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you been to our hospital before? _____

PATIENT INFORMATION

Name: _____ Breed: _____ Color: _____ Age: _____

Sex: M F Spayed / Neutered: Y N

Current medications: _____

Current Diet: _____ Has your pet traveled out of town? _____

Please check any symptoms or problems that you have noticed in your pet:

Behavioral changes Depression Weight loss Weakness Loss of appetite

Gagging Vomiting Diarrhea Breathing problems/coughing/sneezing

Thirst Urination Increase Seizures Limping Loss of Balance

PRIMARY CARE VETERINARIAN

Name of Practice: _____ Doctor: _____

Has your pet been to any other division of Veterinary Specialty Center? _____ If yes, please list: _____

AUTHORIZATION

I, the undersigned, owner of admitted patient, hereby authorize Southern Colorado Veterinary Internal Medicine, as well as the other services located with the Veterinary Specialty Center (Animal Emergency Care Center, Peak Performance Veterinary Group, Mountain View Veterinary Surgery, Colorado Pet Rehabilitation, Colorado Canine Orthopedics, & Animal Dental Care), to administer such treatment as is necessary, and to perform such additional procedures as are considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics as are necessary, and certify that no guarantee or assurance has been made as to the results that may be obtained. Further, I assume all financial responsibility for charges incurred to the patient, consent to release Medical Information and Authorize direct payment to Southern Colorado Veterinary Internal Medicine and the other services located in the Veterinary Specialty Center as listed above. I understand that I am fully responsible to pay my consultation fee today as well as any additional diagnostics, testing, or treatments that are performed on my pet. I realize that if I fail to pay today, I am liable for all collections costs, up to 100%, incurred for this account.

Signature _____ Date: _____

PAYMENT POLICY

Southern Colorado Veterinary Internal Medicine
5520 N. Nevada Ave. Suite #110 Colorado Springs, CO 80918



The field of Veterinary medicine has advanced rapidly through increased medical and surgical technology. At Southern Colorado Veterinary Internal Medicine, we are dedicated to providing our patients and clients care and services of the highest quality. Our fees are a reflection of our level of expertise, technology, materials, and time spent with you and your pet. We recognize that unlike people, most pets do not have health insurance and that sudden or severe illness may pose significant financial concerns. We do our best to control costs but we will not compromise our level of care.

Please read the following carefully and initial upon reading each section.

_____ We require that your payment be made in full at the conclusion of your visit. We are unable to offer any kind of payment plans or client accounts through our hospital. Acceptable forms of payment are Visa, MasterCard, Discover, American Express, personal check, money orders, and cash. We do offer financing through Care Credit®, and Chase Health Advance®, which can be used here as well as any other participating veterinary hospital. With approved credit, Care Credit® or Chase Health Advance® may be able to offer you extended payment plans, with little or no interest options to help you pay for the care your pet receives. For further details and an application, please see the receptionist.

_____ In the event your pet requires hospitalization or extensive treatment, an estimate of charges will be presented to you. We require a deposit by paying the full lower range of the estimate to begin hospitalization. For extended hospitalization, your account balance must be paid up-to-date each day, and paid in full at the time of discharge from the hospital. Please feel free to call for financial updates daily or as frequently as desired. Please understand that estimates are only estimates, and charges may be lower or higher than anticipated, especially if there is a sudden or dramatic change in your pet's condition.

_____ Southern Colorado Veterinary Internal Medicine is an independently owned and operated business, separate from the other businesses located within Veterinary Specialty Center. There are times when we may require the services of these other businesses located within the hospital to assist with the treatment of your pet. If your pet is staying over the weekend, being admitted for surgery, receiving pain management or specialized anesthesia, you will need to pay your bill with them separately.

_____ If you have pet insurance, we are happy to sign the veterinary portion of the insurance forms. Please hand these forms to the receptionist before your consultation, and they will be returned to you upon discharge. Your full payment will still be required when services are rendered, but you will be able to seek reimbursement with your insurance company. Please know that we have no affiliation with these insurance companies and that you will still be responsible for submitting these forms on your own.

I have read the above information and fully understand and will comply with the payment policy of Southern Colorado Veterinary Internal Medicine. I also understand that every attempt is made to have all charges on the invoice when my pet is discharged. However, if missed charges are found, I understand that I am liable for these charges and will pay said charges within 30 days of billing date.

Client Name (please print)

Date

Client Signature

If you have any questions or concerns, or would like an application for Care Credit® or Chase Health Advance®, please see the receptionist.

HOURS AND DIRECTIONS



VETERINARY SPECIALTY CENTER

5520 N. Nevada Avenue Suite #110
 Colorado Springs, CO 80918
 (719) 272-4004
 Fax (719) 528-5368

Regular Business Hours:

8:00 AM – 5:00 PM
 Monday – Friday



Directions from Northern Colorado Springs/ Denver

From southbound I-25,
take the Nevada exit 148.

Turn left onto southbound Nevada Ave.

Travel South for 0.2 mile.

Turn right (West) at the Veterinary Specialty
Center sign. The driveway is shared with
Sunset Creek Apartments.

Directions from Southern Colorado Springs/Pueblo

From northbound I-25,
take the Garden of the Gods exit 146.

Travel East for 0.6 mile.

Turn left onto northbound Nevada Ave.

Travel North for 0.7 mile.

Turn left (West) at the Veterinary Specialty
Center sign. The driveway is shared with
Sunset Creek Apartments.

