



NEW CLIENT INFORMATION SHEET

CLIENT INFORMATION

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

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

DOB _____ SSN (Last 4) _____ Email: _____ Have you been to our hospital before? _____

PATIENT INFORMATION

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

Sex: M F Spayed / Neutered: Y N Current Medications: _____

Pet's 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
- Thirst
- Urination Increase
- Diarrhea
- Breathing problems/coughing/sneezing
- Seizures
- Limping
- Loss of Balance

Primary Care Veterinarian: Name of Practice: _____ Doctor: _____

Occasionally we take pictures and/or video of our patients. May we have your permission to feature your pet in places such as our website, newspaper, news channel, or advertising? Please Circle: **YES** **NO**

PAYMENT POLICY AND AUTHORIZATION

Please Initial After Reading

X _____ Payment in full will be required at the conclusion of your visit for all charges incurred. In the event your pet is hospitalized or receives extensive treatment, a deposit of the full low range of the estimate will be required. Acceptable forms of payment are Visa, MasterCard, Discover, American Express, personal check, money orders, and cash. With credit approval through Care Credit®, we can offer No-Interest and Extended Payment Plans which may be used here as well as any participating veterinary hospital. We do not offer payment plans in house.

X _____ If your account becomes delinquent, your account will be forwarded to a collection agency and you will be liable to pay all billing fees, interest, collections & court costs in addition to attorney's fees incurred for this account. Returned checks are subject to a \$30.00 dollar service charge.

X _____ Southern Colorado Veterinary Internal Medicine is an independently owned and operated business, separate from the other businesses located within Veterinary Specialty Center. If services from these other businesses are provided to your pet, you will be responsible to pay additional and/or separate charges with them.

X _____ We make every attempt to include all charges on your invoice at the time of discharge. However, if missed charges are found, you will be made liable for these charges and must pay said charges within 30 days of billing date. This includes charges from other businesses located within Veterinary Specialty Center.

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 agree to the above Payment Policy and 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.

My Consultation fee today is \$150.00 Emergency Consultation

If you have any questions regarding our Payment Policy or would like an application for Care Credit®, please see a Receptionist.

Signature of Owner: _____ **Date** _____

HOURS AND DIRECTIONS



VETERINARY SPECIALTY CENTER

5520 N. Nevada Avenue Suite #110

Colorado Springs, CO 80918

Phone: (719) 272-4004

Fax: (719) 528-5368

www.VeterinarySpecialty.com

Business Hours:

8:00 AM – 5:00 PM

Monday – Friday



Directions from Northern Colorado Springs/ Denver

From Southbound I-25,
Take Exit 148 (Rockrimmon / N. Nevada Ave)

Turn left onto Southbound N. Nevada Ave

Travel South for 0.2 miles

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 Exit 148 (Rockrimmon / N. Nevada Ave)

Stay straight, travel through first light

Turn right onto Southbound N. Nevada Ave

Travel South for 0.2 miles

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

