

## NEW CLIENT/PATIENT REGISTRATION FORM

15600 E. Smoky Hill Rd., Aurora, CO 80015  
 Phone: 303-693-2020  
 Fax: 303-699-1844



**Serving the Area for 30 years**

### OWNER INFORMATION

First Name(s)		Last Name	
Address			
City		State	Zip
Home #	Work #	Cell #	
<b>Email Address</b> <small>(Your email address is kept in strict confidence for Smoky Hill Veterinary Clinic use only.)</small>			
Employer		SSN or Driver's License #	
Spouse's Name			
Spouse's Employer		Phone #	

### IMPORTANT PLEASE COMPLETE THE FOLLOWING INFORMATION How did you hear about us?

Dex   
  Local Yellow Pages   
  Coupon   
  Sign/Location   
  Internet  
 Other Vet \_\_\_\_\_   
  Friend/Relative \_\_\_\_\_

Personal referrals are our best advertisement. Please be sure to tell your friends and neighbors about the level of service you received at our hospital.

***We appreciate your business and promise to provide the very best in pet care and client service!!!***

### PET INFORMATION

Pet's Name	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other		
Breed	M <input type="checkbox"/> Neutered <input type="checkbox"/> F <input type="checkbox"/> Spayed <input type="checkbox"/>	Color	Birth Date or Age
When was your pet last vaccinated?			
When was your pet's last annual physical exam?			

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When was your pet's last annual physical exam?			

<b>Previous Veterinarian</b>	<b>Hospital &amp; Phone #</b>
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I authorize the Smoky Hill Veterinary Clinic to treat the above described animal, and understand that this may include an anesthetic and/or surgery. I further understand that no guarantee of successful treatment is made. I will not hold the Smoky Hill Veterinary Clinic responsible for my animal's recovery. I am aware that all treatment and medication charges are in addition to the examination and/or emergency fee, and agree to pay all charges incurred at the time of release of my animal. If full payment is not paid, I agree to pay all costs of collection including attorney fees. Unpaid balances will accrue interest @ 1.5% monthly and 18% per annum. For Emergency admits, I understand that treatment is of an emergency nature and that any hospitalized patients can be referred as soon as possible to my regular veterinarian. I understand that if any animal is left at this establishment and no payment is made nor are arrangements for payment made for a period of 10 days, the animal will be considered abandoned, in which case the animal will be disposed of by discretion of the Smoky Hill Veterinary Clinic – and further agree I will still be responsible for all charges incurred in the care and treatment of this animal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_