



PAWS *of the* ROCKIES ANIMAL HOSPITAL

Mr/Miss/Mrs/Ms _____ Spouse/Co-Owner _____

Person responsible for payment if other than listed above _____ Relationship _____

Address _____ Apt# _____ City _____ Zip _____

Primary Contact? _____ Phone # _____ Alternate# _____

Secondary Contact? _____ Phone # _____ Alternate# _____

Primary Email: _____

Employer _____ Work# _____ Can we call you at work? _____

Co-Owner Employer _____ Work# _____ Can we call at work? _____

Your Social Security # _____ Your Driver's License # _____ State _____
(this is only required if you will be paying by check)

Names and ages of children in the household _____

How did you hear about us? _____ Referred by _____ CS (office use only)

If you have other pets in the household, please indicate quantity below:
Dogs ___ Cats ___ Birds ___ Reptiles ___ Ferrets ___ Other (please specify) _____

Pet Information

Pet Name _____ Breed _____ Color _____ DOB _____

Sex (check all that apply): Female Male Neutered/Spayed

Medical Conditions (allergies, drug reactions, heart conditions, etc...) _____

Behavior Concerns (chewing, house training, aggression, etc...) _____

Reason for visit today _____

Hospital where previous records can be obtained _____ Phone # _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the aforementioned pet. I assume responsibility for all the charges incurred in the care of this animal today, and understand that these charges must be paid at time of service (today).

Signature _____ Date _____