

# 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  
over 35 years**

<b>OWNER INFORMATION</b>			
First Name(s)		Last Name	
Address			
City		State	Zip
Primary #	Secondary #	Alternate #	
<b>Email Address</b> <small>(Your email address is kept in strict confidence for Smoky Hill Veterinary Clinic use only.)</small>			
Employer		Employer #	
Secondary Name			
Secondary Employer		Secondary Contact Info	
<b>IMPORTANT PLEASE COMPLETE THE FOLLOWING INFORMATION</b>			How did you hear about us?
<input type="checkbox"/> Dex <input type="checkbox"/> Local Yellow Pages <input type="checkbox"/> Coupon <input type="checkbox"/> Sign/Location <input type="checkbox"/> Internet <input type="checkbox"/> DDFL <input type="checkbox"/> Other Vet _____ <input type="checkbox"/> 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.			
<b><i>We appreciate your business and promise to provide the very best in pet care and client service!!!</i></b>			
<b>PET INFORMATION</b>			
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?			
<b>ADDITIONAL PET INFORMATION</b>			
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?			
<b>Previous Veterinarian</b>		<b>Hospital &amp; Phone #</b>	

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: \_\_\_\_\_