



**SKI TOWN ANIMAL
HOSPITAL**

35825 E. Highway 40
Steamboat Springs, Colorado, 80487
Ph: 970-879-3486
Fax: 970-879-4135
Email: info@skitownanimalhospital.com

New Patient Form

Client Information

Owner(s) _____

Physical Address _____

Mailing Address _____

Primary Phone _____ Secondary Phone _____

Email address _____ Preferred contact method _____

How did you hear about us? Internet ___ Sign ___ Recommendation ___ Social Media ___ Other ___

If recommended, by whom? _____

Are you visiting Steamboat? Visiting ___ Partial-year Resident ___ Full-time Resident ___

Patient Information

Name of Pet _____ Dog ___ Cat ___ Other ___

Breed _____ Color _____ Birthday _____

Male ___ Neutered ___ Female ___ Spayed ___ Microchip # _____

Vaccination History: Rabies (K9/Fe) ___ Date _____ Bordetella (K9) ___ Date _____

Leptospirosis (K9) ___ Date _____ Distemper Combo (K9/Fe) ___ Date _____

Fe Leukemia ___ Date _____ Dewormer (K9/Fe) ___ Date _____

Do you wish to receive overdue Wellness Reminders from Ski Town Animal Hospital? YES NO

Previous medical concerns _____

Current medications or supplements _____

Symptoms your pet may be experiencing today _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

If my account becomes delinquent, I understand that it may be forwarded to an outside collection agency without notice. If this happens I am responsible for all cost of collection, including but not limited to interest, rebilling, court costs, attorney fees, and collection agency costs.

Ski Town Animal Hospital may collect a photo for the above patient's profile. **I DECLINE this photo to be used on Ski Town Animal Hospital's Social Media sites** _____ (INITIAL)

Signature of Owner _____

Date _____