



Ski Town Animal Hospital - New Patient Form

Client Information

Owner(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Preferred contact method _____

How did you learn about our clinic? Internet ___ Sign ___ Recommendation ___ Social Media ___ Other ___
If recommended, by whom? _____

Patient Information

Name of Pet _____ Dog ___ Cat ___ Other ___

Breed _____ Color _____ Birthday _____

Male ___ Neutered ___ Female ___ Spayed ___ Microchip _____

Vaccination History and Date given Rabies _____ Distemper Combo _____
Bordetella _____ Leptospirosis _____
Other _____

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

Do you need a Routt County License today? YES NO

Any previous medical concerns?

List any current medications or supplements:

List any symptoms your pet may be experiencing:

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 your account becomes Delinquent, it may be forwarded to an outside collection agency without notice. If this happens you will be responsible for all cost of collection, including but not limited to interest, rebilling, court costs, attorney fees, and collection agency costs.

Upon your animal's first visit at Ski Town Animal Hospital we will collect a photo for their patient profile. Please initial to release your animal's photo to be used on our Social Media sites _____ (INITIAL)

Signature of Owner _____

Date _____