

*Healthy Pets Animal Hospital*  
5195 Fontaine Blvd, Ste.4 Fountain, Co 80817  
719.392.2344

**ALL PAYMENTS DUE IN FULL AT THE TIME OF SERVICE**

**Client Information**

Date \_\_\_/\_\_\_/\_\_\_

Owner Name \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Preferred Contact # Hm/Cell \_\_\_\_\_

**Notify in case of emergency** \_\_\_\_\_

Owner Place of Employment/address/phone number: \_\_\_\_\_

Spouse/Co-Owner Place of Employment/address/phone number: \_\_\_\_\_

How did you learn about our practice? (If referred by a current client, please name): \_\_\_\_\_

**Patient Information**

Pets Name \_\_\_\_\_ Breed \_\_\_\_\_ ( ) Dog ( ) Cat

Color \_\_\_\_\_ Date of Birth (if **DOB unknown, please put approx age**) \_\_\_\_\_

Male is he Neutered? YES ( ) NO ( ) Female is she Spayed? YES ( ) NO ( )

Where did you obtain this pet? ( ) Friend ( ) Breeder ( ) Pet Shop ( ) Humane Society

At what age was the pet obtained? \_\_\_\_\_ months/years

For what purpose was this pet obtained:

( ) Companionship ( ) Protection ( ) Breeding ( ) Show ( ) Other \_\_\_\_\_

Diet (**Brand of food**) \_\_\_\_\_

**Please provide the date of last vaccines as well as where the vaccinations were given**

Rabies \_\_\_\_\_ 1 Year ( ) 3Year ( )

**Canine:** Distemper/Parvo \_\_\_\_\_ Leptospirosis \_\_\_\_\_

Bordetella \_\_\_\_\_ Influenza \_\_\_\_\_ Heartworm Test \_\_\_\_\_

Currently on Heartworm Prevention YES ( ) NO ( )

If YES, when was last dose given? \_\_\_\_\_

**Feline:** Distemper \_\_\_\_\_ Leukemia \_\_\_\_\_

Has your cat ever been tested for feline leukemia/FIV Test YES ( ) NO ( ), result \_\_\_\_\_

Is your cat: **Indoor ONLY/Outdoor ONLY/Indoor & Outdoor** (Circle one)

**Is your pet MICROCHIPPED? YES ( ) NO ( )**

Describe any: ( ) Prior Illness \_\_\_\_\_

( ) Prior Surgery \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

***Payment: We except Visa, MasterCard, Discover, Care Credit, Check, Cash***

*We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept VISA, MasterCard, Discover, Care Credit, Check and Cash. There will be a service charge for any check returned unpaid.*

*To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. For the safety of all patients, clients, and staff all pets MUST be leashed or in a crate and children CANNOT be left unattended at any time. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.*

**Signature of client responsible for pet(s):** \_\_\_\_\_