

AUSTIN BLUFFS ANIMAL CLINIC

4323 AUSTIN BLUFFS PKWY.
COLORADO SPRINGS, CO 80918
(719) 598-7879

www.austinbluffsanimalclinic.com

Client Information

Date _____ Social Security # _____ Birthday _____
Your Name _____ Drivers License# _____
Your E-mail _____ Your Cell Phone _____
Spouse/Other Owner _____ Drivers License # _____
Spouse's E-mail _____ Spouse's Cell Phone _____
Address _____ Home Phone _____
City _____ State _____ Zip _____
Sex: M/ F Minor Single Married Divorced Widowed Separated
Employer _____ Business Phone _____
In case of Emergency, who should we contact? _____ Phone _____
Have you been in before? _____ With which pet? _____
Whom may we thank for referring you? _____

Pet Information

Pet's Name _____ Dog Cat
Other _____ Age/Birthdate _____ Sex Male / Female
Breed _____ Weight _____ Color _____
Neutered/Spayed No / Yes At what age? _____
Where did you obtain this pet? _____
At what age was the pet obtained? _____ mo's/yrs.
For what purpose was the pet obtained? Companionship Protection Breeding Show Other Diet
(kind of food) _____
Vaccine History/Date _____ Please circle all that apply:
DHLP (Distemper-Dog) Parvovirus (Dog) FVRCP (Infectious Diseases-Cat) Feline Leukemia Test
(Cat) Feline Leukemia Vaccine (Cat) Rabies (Cat/Dog)
History Dentistry _____ Prior Illness _____ Prior Surgery _____
Describe the reason for the pet's visit _____

Payment

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist).

ALL PROFESSIONAL FEES 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 major credit cards or can establish a payment arrangement if approved in advance of the treatment. 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. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) _____
Signature of Secondary Person Responsible for Pet(s) _____
Date _____

