



Patient Intake Form

Client Information

Last Name: _____ First Name: _____

Address: _____
Street City/State Zip

PO Box: _____
(Please also provide your physical address if you use a PO Box)

Home Phone: _____ Cell Phone: _____

Email: _____ @ _____

Employer: _____ Work Phone: _____

Spouse/Other Contact Name: _____ Phone: _____

Relationship: _____

Spouse/Other Contact's Employer: _____ Work Phone: _____

May we contact you at work? ☐ Yes ☐ No

If you are unable to make critical medical decisions regarding your animal, identify who is authorized to do so:

Name: _____ Phone: _____

Patient Information

Pet's Name: _____ Dog/Cat/Other: _____ Breed: _____ Color: _____

Date of Birth: _____ OR Age: _____ Gender: ☐ Neutered Male ☐ Spayed Female ☐ Male ☐ Female

Do you have a veterinarian you go to on a regular basis? _____
Doctor Clinic

If so, did your veterinarian refer you? ☐ Yes ☐ No

How did you hear about us?

☐ Yellow Pages ☐ Internet ☐ Sign/Drove By ☐ Advertisement: _____
Advertisement Source

☐ Friend/Family ☐ Been Here Before ☐ Business Reference: _____
Name Business Name

☐ Veterinarian ☐ Event: _____ ☐ Other: _____
Event Name

Please complete other side 

Treatment Authorization and Information/Photo Release

I hereby authorize Wheat Ridge Animal Hospital to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors or other representatives of Wheat Ridge Animal Hospital.

Initials

I understand that, if I was transferred/referred by another veterinarian, they will require a summary of my pet's care and treatment upon transfer to ensure that treatment continues uninterrupted. I understand that if I identified a referring veterinarian this implies Wheat Ridge Animal Hospital is authorized to release records and information to that referring veterinarian.

Initials

I understand that Wheat Ridge Animal Hospital consists of leaders and teachers in veterinary medicine, thus case information and/or photos may be used in teaching, documentation, continuing education, their website, veterinary literature, and the like. I authorize the release of case/patient information for such purposes; patient confidentiality will be maintained.

Initials

In the event that I sell or relinquish this animal to another owner, I authorize release of medical information to the new owner.

Initials

I have read and agree to the treatment authorization.

Initials

Signature (must be 18 yrs or older)

Date

Financial Agreement

I understand the estimate of charges I receive for any services recommended by Wheat Ridge Animal Hospital may vary if additional testing, treatment, or hospitalization is required. ANY estimate provided for surgery is for the specific surgical procedure only. Progress exams pertaining to any referred surgical procedure are usually included at no additional fee. However, re-examinations, follow-up radiographs, bandage/splint changes, additional medications, additional laboratory tests, or expenses associated with managing any type of surgical/medical complication are not included in most provided estimates and will be charged for as services are provided. Please feel free to ask for an additional estimate of charges or an update of your current charges at any time.

Payment is due as services are rendered. For hospitalized and surgical cases, a deposit is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, personal check (with proper identification), or accepted credit cards. **In order to avoid misunderstandings, please let us know immediately if these terms are not satisfactory.** In the event that payment is not made at the time of service, it is our policy to apply a service charge to accounts with a balance over 30 days old. A statement fee of \$2.00 per month, and a service charge of 1.75% of the outstanding balance will be charged to your account if not paid in full. Additionally, all returned checks will incur a charge of \$25.00.

I understand that I am financially responsible to the applicable Wheat Ridge Animal Hospital practices for all charges relating to this animal. I have read and accept the financial obligations.

Signature (must be 18 yrs or older)

Date