

## NEW CLIENT REGISTRATION

### CLIENT INFORMATION

DATE \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Email Address \_\_\_\_\_

Spouse / Co-Guardian \_\_\_\_\_  
 Best time to reach you \_\_\_\_\_  
 How did you become aware of our clinic? \_\_\_\_\_  
(website, yellow pages, HSBV adoption, friend's name, referring vet)

### PATIENT INFORMATION

**Pet #1                      Pet #2                      Pet #3                      Pet #4**

	Pet #1	Pet #2	Pet #3	Pet #4
Name				
Sex (m/f)				
Spay/Neuter (y/n)				
Age (date of birth)				
Breed				
Color				

Any previous serious illness or surgeries? \_\_\_\_\_  
 Any allergies to vaccinations or medications? \_\_\_\_\_  
 Is your pet on any special diets or medications? \_\_\_\_\_

I give the Humane Society of Boulder Valley Veterinary Clinic permission to release information on any of my animals that have been seen at the Clinic. This information would include, but not be limited to, vaccine history, prescription information, and copies of records requested by persons other than myself.

The undersigned accepts that past due accounts, and checks returned for insufficient funds are subject to a \$20 fee. Any customer whose account is submitted for collection shall be responsible for all costs of collection including reasonable attorney fees. The undersigned accepts personal responsibility for payment of any debts incurred. Venue for any dispute and interpretation of this agreement shall be in the City of Boulder, County of Boulder, and State of Colorado.

***All Fees Are Due At The Time Services Are Rendered***

Signature of Guardian or Responsible Party \_\_\_\_\_