

NEW CLIENT FORM

Please fill out this form and submit once complete

Owner's Name

Last Name _____ First Name _____

Cell Phone _____ Home Phone _____

Email Address _____

Co-Owner's Name

Last Name _____ First Name _____

Cell Phone _____ Home Phone _____

Email Address _____

Address

Street Address _____

City _____ State _____

Zip Code _____

How did you hear about us? _____

Preferred Contact Method _____

Pet's Name _____

Birthdate _____

Species _____

Breed _____

Sex _____ Spayed/Neutered _____

Surgical and Medical History _____

Medications_____

Additional Comments_____

Second Pet? Yes/No

In order for our team to be fully prepared for your appointment, we kindly request the medial records (not just the invoices) from your previous clinic be emailed, faxed, or dropped off at our office at least 24 hours in advance. Please email to quebechighlands@aol.com, fax to (303) 796-0808, or dropped off at Quebec Highlands Animal Clinic, 7136 E. County Line Rd. Highlands Ranch CO 80126. Please to not wait to bring in records until the time of your appointment due to time constraints.

If time allows, we may be able to contact your previous veterinarian for you. Please indicate their name and contact information.

Previous Veterinarian_____ Contact Number_____

THANK YOU!

AUTHORIZATION

I/We hereby authorize the veterinarian to examine, prescribe for, or treat the above-mentioned pet(s). I/We assume responsibility for all charges incurred in the care of this/these pet(s). If cost is a concern, I am responsible for requesting an estimate of potential charges incurred, and understand it is only an estimate of costs. I/We understand payment is due at the time services are rendered. We accept Cash, Checks, major Credit Cards, and Care Credit. A \$45 fee will be charged on returned checks.

I agree to Quebec Highlands' policies.

Signature

Submit Form

