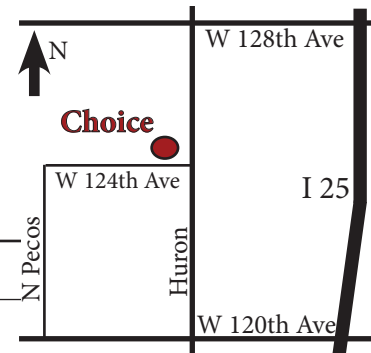




945 W 124th Ave, Westminster CO 80234
 303 4CHOICE (424-6423)
 www.choicevs.com



Client/Patient Form

Client Information	Email	
	First Name	
	Last Name	
	Additional Authorized Caretakers	
	Address	
	City, State, ZIP	
	Contact Phone	
	Alternate Phone 1	
	Alternate Phone 2	
	How Did You Hear About Us?	
	Family Veterinary Clinic	
	Family Veterinarian	
Patient Information	Pet's Name	
	Species	Canine <input type="checkbox"/> Feline <input type="checkbox"/>
	Breed	
	Birthdate or Age	
	Sex	Female <input type="checkbox"/> Spayed Female <input type="checkbox"/> Male <input type="checkbox"/> Neutered Male <input type="checkbox"/>
	Presenting Complaint	

Treatment Authorization and Information/Image Release

I hereby authorize Choice Veterinary Specialists to perform medical and initial diagnostic/surgical procedures on my pet as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors or assistants.

I understand that Choice Veterinary Specialists considers the identification of a referring veterinarian by me to be my authorization to release records and information to that veterinarian.

As leaders and teachers in the veterinary medical field, the Specialists and staff of Choice Veterinary Specialists may use medical case information for teaching, developing forms, providing continuing education, website and veterinary literature development, and social media updates. I authorize the release of case/patient information, including photographs for such purposes. Client confidentiality (client names withheld) will be maintained.

Financial Policy

Payment is due as services are rendered. For hospitalized cases, a deposit is required in advance. The balance is due upon discharge from the hospital. Payment may be 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.

I understand that I, as the owner or agent, am over 18 years of age and financially responsible to Choice Veterinary Specialists for all charges relating to this patient.

I have read and agreed to the treatment and image/information release authorization. I have also read and accepted the financial obligations.

Signature _____

Date _____