



# PATIENT & CLIENT INFORMATION FORM

303.985.3316



2111 S Sheridan Blvd, Denver, CO 80227



bearvalleyvet.com

Thank you for giving us the opportunity to care for your pet. As an AAHA accredited hospital, our goal is to provide compassionate and thorough health care for cats and dogs through education and advanced medical care. You and your pet are our highest priority. We value your devotion to their health and well-being. In order that we may better serve you, please complete the following:

## PERSONAL/CONTACT INFORMATION

Your Name \_\_\_\_\_ Spouse/Other Caregiver Name \_\_\_\_\_  
 (First) (Last) (First) (Last)

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_-\_\_\_\_-\_\_\_\_ Home # \_\_\_\_-\_\_\_\_-\_\_\_\_ Work # \_\_\_\_-\_\_\_\_-\_\_\_\_

Spouse Cell # \_\_\_\_-\_\_\_\_-\_\_\_\_ Spouse Home # \_\_\_\_-\_\_\_\_-\_\_\_\_ Spouse Work # \_\_\_\_-\_\_\_\_-\_\_\_\_

**Preferred number to contact** Cell Home Work **Spouse preferred number to contact** Cell Home Work

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Occupation \_\_\_\_\_ Employer \_\_\_\_\_ OK to call at work? Y / N / Emergency Only

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Email Address \_\_\_\_\_ Spouse Email Address \_\_\_\_\_  
 (This is so you can receive copies of your pet's lab work, report cards, reminders, and occasional informational emails.)

## PET INFORMATION

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male / Female Neutered / Spayed Birth Date or Approx. Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Does your pet take any medications? \_\_\_\_\_

Where Obtained? Pet Store \_\_\_\_\_ Shelter \_\_\_\_\_ Breeder \_\_\_\_\_ Friend/Neighbor \_\_\_\_\_ Other \_\_\_\_\_

Date of last veterinary visit \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name/Phone of last Veterinarian \_\_\_\_\_

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\_\_\_\_ I authorize Bear Valley Veterinary Care Center to request previous medical care records from any/all previous providers.  
 (Initial)

Reason for leaving your last veterinarian \_\_\_\_\_

How did you hear about Bear Valley Veterinary Care Center?

Sign / Drive by \_\_\_\_\_ Web Site \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Recommendation \_\_\_\_\_

Who may we thank? \_\_\_\_\_

Bear Valley Veterinary Care Center is proud to be accredited by the American Animal Hospital Association (AAHA) for more than 25 years. For more information about our accreditation go to [www.healthypet.com](http://www.healthypet.com). Have you heard of AAHA?

Yes \_\_\_\_\_ Yes, and it plays a role in my choice of Veterinarian \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_ I authorize Bear Valley Veterinary Care Center to use photos of my pet on Facebook or other social media sites.  
 (Initial)

**ALL FEES ARE DUE AT THE TIME THE SERVICES ARE RENDERED. Please review and sign financial policy. I authorize treatment of my pet by the staff and doctors of Bear Valley Veterinary Clinic and confirm that I am at least 18 years of age.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Drivers License Number

STAFF USE ONLY	
SCANNED	ENTERED
_____ (Staff Initials)	_____ (Staff Initials)