



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

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

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 _____

____ 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. 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)



FINANCIAL POLICY

Acknowledge each item by initialing, then sign at bottom.

_____ **Payment is always due in full at the time services are performed.**

_____ We cannot release hospitalized pets from the hospital, or release medications dispensed, until the final bill for hospitalization or the current patient visit has been paid.

_____ We can not sell food, medications, or other items “on account”. We cannot extend further services or products to clients with outstanding balances. We do not extend credit or bill for services. All open invoices are sent to collections after 45 days.

_____ We accept Visa, Mastercard, American Express, Care Credit, and Discover. **Two forms of ID are required when you use Care Credit.**

_____ We accept cash payments and do not accept personal checks.

_____ We are happy to accept telephoned-authorized credit card payments when you are able to provide all of the necessary information including credit card number, expiration date, security code, and billing address.

_____ We promote the use of **Pet Insurance**. Payment is due in full at the time services are performed, but we will be happy to keep claim forms in order to expedite your prompt payment from the insurance company.

_____ Gift cards, vaccine programs and other services sold through the website are non-refundable.

_____ **Dog-walkers, pet-sitters, neighbors, and other alternate care-givers** must accept financial responsibility on the above terms before we can accept your pet for medical care. Due to identity theft concerns, ideally we should not keep your credit card information “on file” to use as needed in the care of your pet. However, if you would like to take responsibility of pet care costs in these situations please contact us for further discussion.

_____ Deposits are required for hospitalized pets, surgical procedures, and imaging appointments. A non-refundable deposit is collected for all boarding reservations.

_____ A \$40 fee will be assessed for all “no shows” of medical appointments or \$75 for each missed surgical appointment. Please provide us with the courtesy of a phone call if you are unable to make your appointment.

_____ If you would like an estimate before services are performed, we’d be happy to provide one, but ultimately it is your responsibility to ask about the cost of services performed.

_____ Client Name

_____ Client Signature

_____ Date

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SCANNED	ENTERED
_____	_____
(Staff Initials)	(Staff Initials)