Client (Human) Information:

First Name: ______________________________ Last Name:__________________________________

First Name: ______________________________ Last Name:__________________________________

Address: ____

City:_____________________________ State:_______________ Zip:________________

Primary Phone (best # to reach you): Cell Work Home _____________________

Secondary Phone: Cell Work Home___________________ Other Phone: Cell Work Home__________________

Email: ________________________________ Employer: ____________________________________

Family Veterinarian: __________________________ Clinic: ______________________________

Who can we thank for referring you? ☐ Family Veterinarian ☐ Online

☐ Family/Friend: ________________________________ ☐ Other________________________________

Patient (Pet) Information:

Pet's Name: ______________________________ Pet's nickname: _____________________________

Species: ☐ Canine ☐ Feline Breed: ____

Age: __________ Birthdate:_________________ Color(s): __________________________

Sex: ☐ Neutered Male ☐ Intact Male ☐ Spayed Female ☐ Intact Female

Treatment Authorization
I am the owner or the agent of the owner, of the above-described Pet and have the authority to execute this agreement. I authorize Royal Vista Veterinary Specialists to examine and treat the above pet. I accept full financial responsibility for the pet. I understand that payment for diagnostic tests and treatment that I authorize in writing or verbally will be due at the time the above pet is dismissed for the hospital.
If another veterinarian has referred me to this hospital, I understand that they will receive a summary of the care and treatment provided in order to ensure that the above-described pet's care can be continued without interruption. I also understand that my identification of a referring or family veterinarian is considered to be my authorization to release records and information to that veterinarian.

Case information and/or photos may be used in teaching, continuing education, website, social media, veterinary literature and the like **(check one):**

☐ I authorize the release of case/patient information for such purposes.

☐ I do **NOT** authorize the release of case/patient information for such purposes.

Financial Policy
Payment is due as services are rendered. For hospitalized patients, a deposit is required in advance. The balance is due upon discharge from the hospital. You may pay by cash, check, Visa, MasterCard, Discover or Care Credit. In order to avoid any misunderstanding, please let us know immediately if these terms are not satisfactory.

Signature:____ Date:_________________________

Please help us by completing the following information. Prior information is helpful in reaching a diagnosis.

How long have you owned your pet, and where did you get your pet (ie. shelter, breeder, etc.)?
<u>If your pet is a female and is not spayed</u>, when was her last heat cycle?
<u>If your pet is a female and not spayed,</u> has she had any litters and when? ☐ Yes ☐ No
Are there any other pets in your household? ☐ Yes ☐ No **IF YES**, what other pets?
Is your pet primarily kept Inside or Outside or Inside/Outside the house? (Please Circle one)
Is your pet allowed to be unsupervised outside? ☐ Yes ☐ No **IF YES,** please describe the environment.
Has your pet been at a doggy day care, boarding facility, hospitalized, or at an animal shelter recently? **IF YES**, where & when? ☐ Yes ☐ No
Has your pet traveled out of Colorado or Wyoming? ☐ Yes ☐ No **IF YES**, where and when?
What food brand does your pet eat?
How much and how often is your pet fed?
Is your pet ever fed a home cooked meal/ treats/ table scraps/raw food? ☐ Yes ☐ No **IF YES**, what foods?
Is your pet seen regularly by a veterinarian for annual wellness exams? ☐ Yes ☐ No **IF YES,** when was your pets last visit and for what?
Is your pet up to date on their vaccines? ☐ Yes ☐ No ☐ Unknown **IF NO,** what vaccines are due?
Does your pet have any allergies to medications, food, or environment? ☐ Yes ☐ No **IF YES,** please list all allergies.
Has your pet been treated for any major medical problems or surgeries? ☐ Yes ☐ No **IF YES**, what type and when?

Client Last Name:__________________________ Patient Name:__________________________

Is your pet on heartworm preventative (ie. Heartgard or Revolution)? ☐ Yes ☐ No
IF YES, please specify which brand.

Does your pet receive flea or tick preventative (ie. Frontline or Nexgard)? ☐ Yes ☐ No
IF YES, please specify which brand.

What are your primary concerns about your pet that bring you to Royal Vista Veterinary Specialists today? ______________________________

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What medications/Supplements does your pet receive?

If you have brought all of your pet's medication with you to your appointment, then you do not need to complete the following section.

Medication/ Supplement	Dose (MG, ML, UNITS)	Route (by mouth, under skin, etc.)	Frequency (every 8hrs, 12hrs, 24hrs, etc)

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