



COLORADO VETERINARY SPECIALISTS

& Animal ER

CLIENT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

Email address: _____

Additional contact name: _____ Contact number: _____

Who is your pet's regular veterinarian? _____

PATIENT INFORMATION

PET NAME: _____ GENDER: _____ IS YOUR PET SPAYED OR NEUTERED: ____

BREED: _____ BIRTH DATE: _____ OR AGE: _____

COLOR: _____

Current or previous medical conditions: _____

Current medications:

Drug: _____ Dose: _____ Frequency: _____

Drug: _____ Dose: _____ Frequency: _____

Current diet/supplements: _____

PERMISSION TO TREAT AND STATEMENT OF FINANCIAL OBLIGATION

I hereby authorize the veterinarians at Colorado Veterinary Specialists & Animal ER to examine, prescribe for and treat the above described pet presented by the above named owner and/or spouse or agent.

I understand you will use every reasonable precaution against injury, escape, or death of my pet. I understand that anesthesia and surgery always involves some risk to my pet (such as unknown internal physical abnormalities, medication allergies, surgical complications, internal bleeding, shock, incision dehiscence, and post-surgical infections): and agree to hold you harmless, in the absence of negligence, in connection with these procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event complications arise and I cannot be immediately contacted at the phone numbers listed above, you are directed to make the decision you deem best for my pet. I agree to pay for all services rendered and medications, goods and supplies when purchased. I understand that a deposit will be required for surgical or medical treatment. I understand payment is due in full at the time services are rendered.

I have read the foregoing, understand what it says, and agree.

Owner or owner's agent signature

Date

Please save completed form and email to records@covetspec.com or bring with you to your appointment.