



NEW PATIENT & CLIENT INFORMATION SHEET

CLIENT INFORMATION

First name _____ Last name _____

Spouse/Partner first name _____ Spouse/Partner last name _____

Address _____ City _____ State _____ Zip _____

Primary Phone # _____ (home - work - cell) CIRCLE ONE

***Please indicate whose number this is:** _____

Secondary Phone # _____ (home - work - cell) CIRCLE ONE

***Please indicate whose number this is:** _____

Primary E-mail address: _____ (PLEASE NOTE WE CAN ONLY KEEP

ONE EMAIL ADDRESS ON FILE SO PLEASE CHOOSE WHICH ONE IS CHECKED MOST OFTEN)

How did you hear about us? Yelp.com Google Search Shelter Family/Friend _____
(please let us know whom we may thank for referring you)

Have we seen any of your other pets? Yes No

PATIENT INFORMATION

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No

Species: Dog Cat Weight _____

Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed _____ Color _____

Does your pet have any allergies, take any special medications or have any health problems we should know about? YES/NO (CIRCLE ONE)

If yes, please explain: _____

Does your pet have any special needs or illnesses we should know about? YES/NO CIRCLE ONE)

If yes, please explain: _____

Dates of last vaccinations if not performed at this clinic:

Dogs: Rabies: _____ DHPP (Distemper/Hepatitis/Parainfluenza/Parvo): _____

Bordetella: _____ Influenza: _____ Leptospirosis: _____

Heartworm test: _____ Is your dog on heartworm preventives? Yes No

Cats: Feline Rabies: _____ FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____

Feline leukemia: _____

Name of previous vet clinic? _____

Phone # if known: (____) _____

MAY WE HAVE PERMISSION TO TAKE PHOTOS OF YOUR PETS AND POST THEM ON SOCIAL MEDIA?

Yes No



BOARDING CONSENT FORM

Chatfield Veterinary Hospital

8420 W Ken Caryl Ave, Littleton, CO 80128

303-978-9750 www.chatfieldvet.com

Staff Initial @ check-in _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Email Address: _____

Owner's Name _____ Pet's Name: _____

Admission Date: _____ **Pick-Up Date:** _____ **Expected Pick-Up Time:** _____

****NEW POLICY** PLEASE READ:**

Effective immediately, I, the undersigned owner or designated agent, am aware that if my pet is responsible to any property that is damaged at Chatfield Veterinary Hospital, I will be charged a flat \$100.00 fee for repairs no matter the cost of damages. The list of property damages includes but is not limited to the following:

- 1.) Kennels and/or suites that my pet will stay in
- 2.) Bedding and/or beds that are provided by Chatfield Veterinary Hospital

I, the undersigned owner or designated agent, hereby authorize Chatfield Veterinary Hospital (hereinafter "Hospital") to board my pet during the dates listed above. I also hereby authorize the Hospital to perform the services indicated below while my pet is boarding. The Hospital will attempt to notify owner if the pet becomes ill while boarding. If owner does not inform the Hospital otherwise regarding measures to be taken, or if the state of the animal's health reasonably demands quick action in the opinion of the veterinarian, the Hospital will administer medical and/or surgical treatment as needed, for which the owner is financially responsible, until the owner can be notified.

As the owner of said animal, I realize that I am responsible for boarding fees and any associated costs, and for the payment of services listed below, and that they are to be paid in full at the time the animal is discharged. If I do not pick up the animal within five (5) days of the scheduled pick-day date, the Hospital will assume the animal is abandoned. If the animal is abandoned, the Hospital is authorized to remedy the abandonment as prescribed by law. I further understand that abandonment DOES NOT release me of my financial obligation for services rendered, fees associated with abandonment, collection action, and/or legal services.

I understand that leaving personal belongings (blankets, toys, carriers, etc.) with my pet while boarding is discouraged but, should I choose to do so, Chatfield Veterinary Hospital is not held responsible for lost items. I understand and acknowledge that Chatfield Veterinary Hospital is not staffed 24 hours a day.

PLAY GROUP: Yes No **(does not apply to cats)**

FEEDING INSTRUCTIONS: (Please check one.)

Feed regular hospital maintenance diet. Dry Wet Both / AM PM Both

Please specify quantity you would like your pet fed: _____

Feed special diet, as follows: _____

MEDICATIONS:

Administer medication(s) as follows: _____

Has your pet had any recent surgeries/medical conditions that would require extra attention? Yes No

When was the **last time** your **pet was treated for fleas and/or ticks?** _____

***Please note, if fleas are present when pet is admitted to the Hospital, pet will be treated at owner's expense.**

There may be additional charges for special diets and administration of medications. If you have any questions, please ask.

ADDITIONAL SERVICES:

- | | | |
|---|---|--|
| <input type="checkbox"/> Physical Exam | <input type="checkbox"/> Vaccination(s): _____ | |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Intestinal Parasite Test | <input type="checkbox"/> Anal Gland Expression |
| <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Mat Clipping | <input type="checkbox"/> Microchip Placement |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Bath | <input type="checkbox"/> Other _____ |

Owner/Agent Signature: _____ **Date:** _____

Emergency Contact Information

Your emergency contact should be someone local and someone other than yourself.

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Emergency Contact Email (if applicable): _____

I understand that in the event of an emergency, Chatfield Veterinary Hospital will make every attempt to contact me. If Chatfield Veterinary Hospital is unable to reach me, I authorize the following:

(initial) In the event of illness or injury, I authorize Chatfield Veterinary Hospital to provide appropriate medical treatment for my pet. However, in the event Chatfield Veterinary Hospital is unable to provide the required treatment, I authorize them to seek treatment at any veterinary clinic or hospital. Furthermore, I agree to reimburse Chatfield Veterinary Hospital within 14 days of incident for all veterinary fees and related costs.

MEDICAL CARE POLICY:

(Please choose one of the following options. If you have multiple pets boarding with us, this Medical Care Policy covers all of the pets.)

Option 1: If my pet(s) becomes ill or is injured during his/her stay, I authorize Chatfield Veterinary Hospital to perform whatever services the doctors deem necessary for the best care of my pet(s). If the cost is going to exceed \$ _____ for **each individual pet**, further authorization by owner or authorized agent must be given.

Please contact me at:

Phone #1: _____, **Phone #2:** _____

Email: _____

OR

Option 2: If my pet(s) become ill or injured during his/her stay, I wish to be called prior to Chatfield Veterinary Hospital performing any services for my pet(s).

Please contact me at:

Phone #1: _____, **Phone #2:** _____

Email: _____

This release does not expire and will remain valid for all future Chatfield Veterinary Hospital services.

Owner's Printed Name: _____

Owner's Signature: _____

Date Signed: _____

PET CARE AGREEMENT

1. This is an agreement between Chatfield Veterinary Hospital ("CVH") and the pet owner ("Owner") whose signature appears below. By signing this Agreement and leaving pet in the care of CVH, Owner certifies to the accuracy of all information given about said pet. CVH will rely on the information provided by Owner, until the information is amended, in writing, and acknowledged by both the Owner and CVH. CVH reserves the right to deny admittance to Owner's pet for any reason at any time.
2. CVH shall exercise reasonable care for the pet delivered by the Owner to CVH. Since interactive daycare is provided, and unless specifically declined for the pet by the Owner, Owner recognizes and accepts potential risks involved in such activities. It is expressly agreed by Owner that CVH's liability shall in no event exceed the lesser of the current chattel value of a pet of the same species or the sum of two hundred dollars (\$200.00) per animal admitted. The Owner further agrees to be solely responsible for any and all acts or behavior of said pet while it is in the care of CVH, which shall include payment of all costs for injury to staff, guests, other animals, or damages to the facilities.
3. Owner understands that the concept of dog daycare/group play and overnight boarding is to allow dogs to be socialized by interacting with people and other dogs. While these activities are supervised by staff, there is always the possibility of injury from rough play. Owner agrees that any injury to their pet incurred during the use of the facilities shall not result in liability of any type by CVH. If a dog exhibits any temperament problems such as aggression or extreme shyness with either dogs or people, the dog will be removed from the playgroup and the Owner will be advised of this action. If such action occurs, the daily fee will not be refunded for this day of daycare.
4. If pet becomes ill or injured, or if the state of the animal's health otherwise requires professional attention, CVH, in its sole discretion, may engage the services of a veterinarian or administer medication or give other requisite attention to the animal, and any expenses incurred shall be paid by the Owner. In no event shall CVH be liable for illnesses that arise during the pet's stay or after the pet has left the facility.
5. CVH reserves the right to refuse to accept a pet at check-in if, in CVH's sole discretion, the pet is either sick or could jeopardize the health or safety of other pets or staff. Owner specifically represents that the pet has not been exposed to any contagious diseases within a thirty (30) day period prior to check-in. During the period of this Agreement, Owner also agrees to notify CVH of any known exposure of pet to a communicable disease, and to hold the pet out of attending CVH until the pet is symptom-free for a minimum of three (3) days or with written veterinary clearance. Owner further agrees to maintain current vaccinations as required by CVH.
6. The overall wellbeing of every boarding and daycare pet is our utmost concern. Many dogs bark during playtime and for a short time in their kennel. However, excessive barking is discouraged so that all the pets can rest comfortably. If Owner's dog exhibits excessive barking while in the care of CVH, information regarding behavior modification/training may be provided to the Owner. Daycare or boarding dogs not picked up by the scheduled close of business may be placed in the boarding facility, and Owner will be charged the overnight boarding rate.

7. Owner agrees that the pet shall not leave the facility until all charges are paid by the Owner. Pets who are boarding with CVH and picked up before 11:00 a.m. will not incur a charge for the day of pickup. Boarded pets picked up after 11:00 a.m. will incur a half-day boarding charge.
8. Daycare pets will be charged for a half-day if they are picked up within six (6) hours of the time they are dropped off. If a pet remains in daycare for more than six (6) hours, there will be a full-day charge.
9. CVH realizes that older dogs may experience additional stress in the boarding, daycare, or grooming environment. CVH is committed to providing exceptional care for each dog, including geriatric animals. Owner's signature, below, acknowledges that Owner is aware of any age-related risks to their pet.
10. If the pet dies while in the custody of CVH, CVH will use reasonable efforts to notify Owner as soon as possible. CVH will keep the pet's remains on our premises for a period of up to two weeks (14 days) to allow Owner to make final arrangements for disposal of the remains. If no arrangements have been made within the two-week period, CVH will take custody of the pet's remains and dispose of them appropriately.
11. This Agreement contains the entire Agreement between the parties. All terms and conditions of this Agreement shall be binding on the heirs, administrators, personal representatives and assigns of Owner and CVH.
12. Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, or as the result of any claim or controversy involving the alleged negligence by any party to this Agreement, shall be settled in accordance with the rules of the American Arbitration Association. The arbitrator shall, as part of the Award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.
13. Owner understands and agrees that in the event any portion of this Agreement shall be found void or unenforceable for any reason, all other portions of the Agreement will remain in full force and effect.
14. Holiday Information: A fifty-dollar (\$50.00) deposit per pet will be required for any holiday reservation. Please confirm the length of stay when making your holiday reservations. Staff is on hand 365 days a year, with a minimum of six (6) hours of daycare provided on holidays. However, the business office is closed on all major holidays; therefore, while pick-up's and drop-off's may be scheduled on these days, the times may vary depending on the staffing schedule.
15. Cancellation Policy: Should Owner need to cancel a booking, CVH asks to be notified at least 72 hours in advance for every boarding and daycare reservation. Please notify CVH of any changes in your drop-off or pick-up dates and times, as soon as possible. Owner assumes responsibility for any additional charges incurred/

I HAVE READ, AND I UNDERSTAND AND AGREE TO, ALL PROVISIONS OF THIS AGREEMENT.

Owner's Printed Name: _____

Owner's Signature: _____

Date Signed: _____