



Welcome to Pawz Veterinary Clinic. Where pets are family.

Dawn Reiter, DVM, cVMA ✨ Mindi Dosch, DVM

6050 Firestone Blvd., #203, Firestone, CO 80504 ☎ 303-652-5222 ✨ www.pawzvet.com

We are pleased to welcome you to our practice. Please take a minute to fill out this form as completely as you can. If you have questions, we'll be happy to help you. We look forward to working with you to maintain your pet's health.

Client Information

Pet Information

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Spouse or co-owner _____

Phone/email _____

Do you have pet insurance? What kind? _____

How did you learn about our practice? _____

Web (which website?) _____

Just Drove By King Soopers Facebook

Flyer Community Pet Hospital Friend Other

Reason for visit, concerns you may have _____

Pet's Name _____

Dog Cat Other _____

Age/Birth Date _____ Sex Male Female

Neutered/Spayed? Yes No

Breed _____ Color _____

Where did you obtain this pet?

Friend Breeder Pet Shop Humane Society Other

Diet (kind of pet food) _____

Pet's History (check all that pet has received and most recent date)

DA2PPC (Distemper/Parvo - Dog) Date _____

Rabies (Dog/Cat) Date _____

Bordetella (Dog) Date _____

Leptospirosis (Dog) Date _____

Feline Leukemia test/vaccine (Cat) Date _____

FVRC (Infectious disease - Cat) Date _____

Flu Vaccine Date _____

Dentistry Date _____

Describe any Prior Illness/Surgery _____

Financial Policy

We are committed to providing you and your pet(s) the highest quality care. This policy is designed to best manage our costs, while allowing us to keep this promise.

- Payment is due at the time services are provided.
• A deposit will be required for surgical procedures, hospitalization or extended treatment.
• All incurred charges are the responsibility of the client.
• Our office accepts cash, checks, Mastercard, Visa, Discover, American Express and Care Credit.
• Past due accounts are subject to cost of collection including fees.

- Returned checks are subject to a fee of \$40.00 and a \$10.00 monthly billing charge will be applied to all outstanding balances.
• Surgery canceled without 24 hours notice may incur a \$50.00 fee assessed to the client's account.
• Copies of records may be assessed a \$2.00 per page service charge. Pawz Veterinary Clinic reserves the right to withhold records pending payment in full.

I have read and comply with this policy.

Signature of client(s) responsible for pet(s) _____ Date _____
