

# pawz veterinary clinic

Welcome to Pawz Veterinary Clinic where pets are family.

Dawn Reiter, DVM, CVMA

11411 Business Park Circle #100 Firestone, CO 80504  303-652-5222  Email: Info@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

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone number \_\_\_\_\_

Email \_\_\_\_\_

Spouse/Co-owner \_\_\_\_\_

Phone number \_\_\_\_\_

## Pet Information

Pet Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

Sex  Male  Female

Neutered/ Spayed?  No  Yes

Describe any prior illness/surgery  
\_\_\_\_\_  
\_\_\_\_\_

## Financial Policy

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

- Payment is due once services are provided.
  - Our office accepts cash, MasterCard, Visa, Discover, Scratch Pay and Care Credit. NO CHECKS OR AMERICAN EXPRESS CARDS
- A minimum of \$100 deposit is required for any surgical procedures. Any surgery that is canceled without a 24-hour notice will forfeit the deposit.
- A \$60 fee will be added to your account for any no shows/cancellation without a 24-hour notice.
- Ask about our military discount!

**I have read and comply with this policy.**

Signature of client responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_