



Centennial Animal Hospital

Thank you for giving us the opportunity to care for your pet(s).
To ensure the best care possible, please fill out this form completely.

REGISTRATION

OWNER: Last: _____ First: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Employer Name: _____ Work Phone: _____
Which number is best to reach you? Home/Cell Can you receive text messages? Yes / No
Email address: _____

CO-OWNER: Last: _____ First: _____
Home phone: _____ Cell: _____
Employer Name: _____ Work Phone: _____

Previous Vet: _____
Whom should we thank for referring you? _____

PET HEALTH HISTORY

NAME: _____ SEX: Male / Female
BREED: _____ NEUTERED(Male) _____ SPAYED(Female) _____
COLOR: _____ BIRTHDATE: _____
CURRENT MEDICATIONS: _____

Please bring and give any medical records/vaccine records to the receptionists to make copies.

DIET AND ENVIRONMENT

What food does patient currently eat? _____
Amount & Frequency? _____
Is your pet on any dietary supplements? Yes/No If so, what kind and what dosage? _____
Does your pet consume table food? Yes/No Please explain. _____
Is your pet primarily indoor or outdoor? _____
Are there any other animals in the household? Yes/No? _____
Do you have your pet groomed or boarded outside of your home? Yes/No If so, how often? _____
Do you travel outside of Colorado with your pet? Yes/No If so, where? _____

PAST HISTORY

Has your pet had any prior illnesses, accidents, or surgeries? Yes/No Please explain. _____
Is your pet aggressive or fearful around strangers? Yes/No Please explain. _____
Is your pet on heartworm, flea/tick preventatives? Yes/No Year-Round or Seasonally? _____
Please list any other medications or supplements your pet receives. _____
Does your pet have any known allergies to any medications? Yes/No If yes, please list: _____
Has your pet ever had a reaction to any vaccines? Yes/No If yes, please list and explain below: _____

OFFICE POLICIES

To allow for ample time for all patients and surgical procedures, Centennial Animal Hospital operates primarily by appointment. We request all our clients be on time for scheduled appointments and procedures. **If you are 15 minutes late to your appointment** you may be asked to reschedule your appointment. We do take Emergencies; however, these services may be subject to a higher fee schedule. For your convenience, we offer limited same day appointments for urgent care sick patients they fill up fast, so we recommend calling first thing in the morning.

For your protection, and that of others, pets should be properly restrained by a leash or carrier upon arrival. If your pet requires special accommodations, please give us a call when you arrive so we can assist you and your pet.

If you must cancel an appointment, we ask for 24 hours' notice. For surgical appointments we ask for 48-hour cancellation notice.

We accept cash, debit, or all credit cards. We also offer Care Credit or Scratch Pay financing to help make the highest quality care accessible to all our patients.

We would be more than happy to fill your prescriptions or have your food orders ready for pick-up. Please call ahead or use our website to process refills. **Please allow 24-48 hours for prescription refills, special order or controlled substances may require longer.** We do not authorize online pharmacy requests by phone or fax, if you need a written prescription to be processed at the pharmacy of your choosing you will need to pick them up in person.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal.

I understand that payment is ALWAYS DUE IN FULL at time of service. A deposit of 50% of the treatment plan may be required before treatments or hospitalization of your pet. I recognize that financial concerns should be discussed PRIOR to examination and treatment.

- **Yes/No** Do we have your permission to share your pet's image and story on our social media, website, and other forms of related media?

I authorize my emergency contact (**other than myself**) to pursue treatment if I am unavailable. Your emergency contact must be an adult over the age of 18.

Emergency Contact: _____ Phone #: _____

Signature of Owner: _____ Date: _____

Signature of Co-Owner: _____ Date: _____