



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 Phone: _____ 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 ample time for all patients, CAH runs primarily by appointments. We request all clients to be on time for their scheduled appointments. **If you are 15 minutes late to your appointment** you may be asked to reschedule your appointment. If you have multiple concerns for your pet, please let us know when scheduling, otherwise you may need to schedule a follow up appointment to address additional concerns. Cancellation policy for appointments; please give us 24-hour notice so we can accommodate getting another patient in to be seen.

You can expect most wellness and vaccine appointments to last about an hour from check in to check out. Sick and Urgent care appointments may require diagnostics which can take additional time. They can take (1-3 hours) from check in – check out.

I have read and understand ____ (initial)

For your protection, and that of others, all pets should be properly restrained by a leash or carrier. If your pet requires special accommodation, please let us know when you arrive. We do ask that you still check in from the parking lot and we will bring you inside as soon as we have a room available.

I have read and understand ____ (initial)

THE VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR) is the basis for veterinary care and is critical to the health of your animal. This requires mutual trust and respect for us to provide the highest quality of care for your pets. We have a zero-tolerance policy for abusive, aggressive, bullying, or combative behavior. Should this behavior be directed toward any of our staff in person or on the phone we will terminate our VCPR with you immediately and you will need to find veterinary services elsewhere. If you have any questions or concerns about the treatments being recommended or the services provided, please let us know right away.

I have read and understand ____ (initial)

I certify that I am 18 years of age or older and responsible for the financial and medical decisions for the above-mentioned pet. If you send someone else in your place, they must be 18 years of age or older and you are authorizing them to act on your behalf. You are still financially responsible for all charges incurred for the care of this pet. I understand that payment is ALWAYS DUE IN FULL at time of service. We are happy to provide estimates for any recommended services, just let us know on arrival. A 50% deposit of the treatment plan may be required before treatments or hospitalization of your pet are rendered. I understand that any financial concerns should be discussed PRIOR to the examination and treatment consent. We accept cash, debit, or all credit cards. We also offer Care Credit or Scratch Pay.

➤ **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: _____