13741 Colorado Blvd
Thornton, CO 80602
www.denvervet.com

Caring Hands
VETERINARY HOSPITAL
& HOSPITALITY CENTER

Phone: (303) 451-7387
Fax: (303) 452-7387

**NEW CLIENT FORM**

First and Last Name

Address | City | State | Zip Code

Home Phone Number | Cell Phone Number

Email Address

Secondary Contact Name | Secondary Contact Phone Number

**PATIENT INFORMATION**

☐ DOG ☐ CAT

Pet's Name

Breed | Color | DOB or Estimated Age

☐ Male ☐ Female

Name of Previous Veterinary Provider ☐ Neutered ☐ Spayed

FEE POLICY: I understand that all fees are due at the time of service. **If you have financial concerns or constraints, we kindly ask that you disclose that to us *prior* to any treatments being provided**.

PHOTO RELEASE: I agree that Caring Hands Veterinary may use such photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, web content, or social media sites.

PRESCRIPTION POLICY: **Caring Hands Veterinary Hospital does not process prescriptions through third-party pharmacies** such as Chewy, 1-800-PetMeds, Amazon Pharmacy, or similar providers.
We are happy to fill prescriptions directly through our hospital, based on medication availability, or have them shipped to your home through our trusted online pharmacy.
If you prefer to use a third-party pharmacy, we can provide a written prescription for you to submit to the pharmacy of your choice. Written prescriptions must be picked up in person at our hospital. We are unable to email, fax, or mail written prescriptions.

NO SHOW/LATE APPOINTMENT POLICY: After **two (2) no-show appointments**, a **deposit equal to the exam fee** will be required before scheduling future appointments. This deposit will be applied to the exam fee at the time of the visit, or forfeit if the appointment is not kept. I also understand that if I arrive **more than 10 minutes late**, my appointment may need to be rescheduled. The hospital will make every effort to accommodate late arrivals when possible, but accommodation cannot be guaranteed.

SURGICAL SCHEDULING AND DEPOSITS POLICY: To reserve a surgical procedure at Caring Hands Veterinary Hospital, a **$150 scheduling deposit** is required at the time of booking. On the Friday prior to your pet's scheduled surgery, one of our Veterinary Surgical Technicians will contact you to complete a pre-surgical consultation. During this consultation, the technician will review the treatment plan, answer any questions, and collect a **pre-surgical deposit equal to the low end of the estimated procedure cost**. Both the **$150 scheduling deposit** and the **pre-surgical deposit** will be applied toward the final cost of the procedure on the day of surgery. If the surgery is canceled after the pre-surgical consultation has been completed, or if you do not arrive for the scheduled procedure, **both deposits will be forfeited and are non-refundable.**

CONSENT: I hereby authorize Caring Hands Veterinary Hospital to examine, prescribe for or treat the above described pet(s). I understand Caring Hands' rabies policy and that all pets will be administered a rabies vaccine, unless a medical exception is granted by the veterinarian. I assume all responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid for at the time of release and that a deposit may be required for surgical treatments or hospitalization.

By signing below, you acknowledge and agree to the above listed policies.

_____ _____

Client Signature Date

_____

Printed Name