



Clearview Animal Hospital
 3930 S. Hancock Expressway
 Colorado Springs CO 80911
 719.392.3495
 www.clearview.pet

Clearview Animal Hospital Client Registration

Thank you for giving us the opportunity to care for your pet. Please help us to meet your needs better by taking a moment to complete this information sheet.

Primary Pet _____ Spouse/Co_ _____
 Owner_Name _____ Owner Name _____

☎ Preferred Phone (____) - ____ - _____ ☎ Secondary Phone (____) - ____ - _____

and ask for _____ and ask for _____
 We will try to call/text the "Preferred Phone" first. Please choose the number you would like us to call first.

✉ Email _____ ✉ Email (additional) _____

Street _____ Apt/
 Address _____ Unit _____

City _____ State _____ ZIP _____

Employer _____ ☎ Work Phone (____) - ____ - _____
 Ok to call work? Y N

How do you prefer to be contacted? Phone Call Email Text

How did you first learn of Clearview? Drive by Online Search Radio SocialMedia

Personal referral Referred by: _____

We will gladly discuss and/or prepare a written estimate of charges for recommended procedures and services.

Fees are due at the time services are rendered. You assume full financial responsibility for all charges incurred by your pet(s).

We accept cash, debit cards, VISA, MasterCard, Discover, American Express, Scratchpay, and Care Credit.

Signature _____ Date ____/____/____



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Patient Registration

Pet Name _____

Dog Cat

Female

Male

Spayed: Y N

Neutered: Y N

Date of birth _____ (or approximate age)

Vaccination History (please check all that apply and provide date of last vaccine if known):

Dog vaccines

Cat vaccines

Rabies _____

Rabies _____

Canine Distemper/Parvo Comb (DA2PP) _____

Feline Distemper Comb (FVRCP) _____

Leptospirosis _____

Feline Leukemia _____

Bordetella _____

Influenza _____

Other _____

Other _____

Previous veterinary provider (most recent): _____

Current Diet: _____

Current Medications: _____