

New Client Registration Form

Judy Jasek, DVM
200 West Lehow Avenue Ste. A
Englewood, CO 80110
Phone: 303-794-2008
Fax: 303-794-0335
www.bellevueanimalclinic.com
bvac@qwestoffice.net



Visit today for (check all that apply) Veterinary Services Grooming Boarding

Date _____ Last Name _____ First Name _____

Co-owner _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____

To receive reminders & other important information: Email Address _____

How did you hear about us?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Big Yellow Pages | <input type="checkbox"/> Local Yellow Pages | <input type="checkbox"/> Coupon/Mailer | <input type="checkbox"/> Direct Mail From Us |
| <input type="checkbox"/> Sign/Location | <input type="checkbox"/> Were Previous Client | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Internet _____ | <input type="checkbox"/> Friend _____ | | |
| <input type="checkbox"/> Other Vet/Hospital _____ | | | |

Would you like more information about any of the following services?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Boarding | <input type="checkbox"/> Microchipping | <input type="checkbox"/> Skin/Coat Supplements |
| <input type="checkbox"/> Senior Pet Health | <input type="checkbox"/> Pet Insurance | <input type="checkbox"/> Joint/Arthritis Support | |
| Diets | Holistic Medicine | Dental Care | |
| <input type="checkbox"/> RAW | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Routine – Scaling & Polishing | |
| <input type="checkbox"/> Grain Free | <input type="checkbox"/> Chiropractic Care | <input type="checkbox"/> Vaccine Alternatives | <input type="checkbox"/> Anesthesia Free |
| <input type="checkbox"/> Premium Quality Grain | <input type="checkbox"/> Herbal Medicine | <input type="checkbox"/> Homeopathy | |

Name _____ Birth date _____ Sex _____ Neutered/Spayed? Yes / No

Breed _____ Color _____ Markings _____

Purpose of Visit _____

Major Injuries/Illnesses _____

(Over for Multiple Pet Information)

I AGREE TO PAY FOR PROFESSIONAL SERVICES, MEDICATIONS & INVENTORY AS THEY ARE RENDERED. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on this page(s), as deemed necessary when in the care of Bellevue Animal Clinic. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signed _____

NOTE: FIRST TIME VISIT ONLY, PAYMENT IN FULL AT TIME OF SERVICE IS REQUIRED – BY EITHER CASH OR CREDIT CARD

SECOND PET:

Name _____ Birth date _____ Sex _____ Neutered/Spayed? Yes / No

Breed _____ Color _____ Markings _____

Purpose of Visit _____

Major Injuries/Illnesses _____

THIRD PET:

Name _____ Birth date _____ Sex _____ Neutered/Spayed? Yes / No

Breed _____ Color _____ Markings _____

Purpose of Visit _____

Major Injuries/Illnesses _____

FOURTH PET:

Name _____ Birth date _____ Sex _____ Neutered/Spayed? Yes / No

Breed _____ Color _____ Markings _____

Purpose of Visit _____

Major Injuries/Illnesses _____

FIFTH PET:

Name _____ Birth date _____ Sex _____ Neutered/Spayed? Yes / No

Breed _____ Color _____ Markings _____

Purpose of Visit _____

Major Injuries/Illnesses _____



Bellevue Animal Clinic History Report

Date _____ Client Name _____ Pet _____

Reason for appointment _____

Duration of current medical condition _____

Is it getting Better Worse Same Explain: _____

Has your pet ever had a seizure? Yes No If yes, when was the last seizure? _____

Is your pet currently on any medications? Check box if prescribed by Bellevue Animal Clinic

Prescription(s) _____ Dosage _____

Prescription(s) _____ Dosage _____

Nutritional Supplements _____ Dosage _____

Over the Counter _____ Dosage _____

Does your pet have any allergies? Yes No Allergic to: _____

What brand of food is your pet on?	How much do you feed a day?
Dry _____	Amount _____
Canned _____	Amount _____
RAW _____	Amount _____

Do you feed treats? Yes No What kind? _____

Does your pet get any human food (i.e, pizza, leftovers)? _____

Is your pet microchipped? Yes No, if not would you like it done today? Yes

Dog Specific Questions

When is the last time your dog was on Heartworm Prevention? Month(s) _____ Year _____

Would you like more information about Heartworm Disease & Prevention Yes No

Do you take your dog to Dog parks Boarding Grooming Pet Supply Stores

How much time does your dog spend indoors _____ % outdoors _____ %

Cat Specific Questions

Has your cat been tested for Feline Leukemia Yes No When _____

Has your cat been tested for FIV Yes No When _____

Is your cat indoors only outdoors, stays on property indoors & outdoors

Please rate the following:

Appetite	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased
Weight	<input type="checkbox"/> Stable	<input type="checkbox"/> Loss	<input type="checkbox"/> Gain
Water Consumption	<input type="checkbox"/> Normal	<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased
Urination	<input type="checkbox"/> Normal	<input type="checkbox"/> Bloody	<input type="checkbox"/> Increased Quantity
		<input type="checkbox"/> Straining	<input type="checkbox"/> Increased Frequency
Bowel Movements	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, Explain	_____
Ears	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, Explain	_____
Eyes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal, Explain	_____
Vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Coughing	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Sneezing	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Gagging	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Lethargic	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Shaking head	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Scratching	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Significant hair loss	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Difficulty getting up	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Scotting	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____
Lumps or bumps?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Location	_____ How long?
			_____ Any changes?
Limping	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Which leg	_____
		<input type="checkbox"/> How long	_____
Behavioral changes	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Explain	_____

Is your pet over 8 years of age No Yes, if yes are you interested in our senior pet package No Yes
Senior Package includes Complete Examination, Urinalysis, Blood Pressure Check, Senior Blood Panel, & Nutrition
and Behavioral Counseling. You save \$30.

Are there any other issues or questions concerning your pet's health today? _____

For Office Use Only