High Peaks Animal Hospital

1200 Broadway Silver Cliff, CO 81252
719-783-3770

Thank you for giving us the opportunity to care for your pet.

PLEASE READ THIS FORM CAREFULLY AND FILL IT OUT COMPLETELY.

Client/Owner Registration

Primary Owner/ Responsible Party

First Name: _____Last Name: _____

Primary phone number: _____Email: _____

Physical Address: _____

City: _____State: _____Zip: _____

Mailing Address: _____

City: _____ State: _____Zip: _____

Employer: _____Phone number: _____

Spouse or Secondary Party on Account

First Name _____Last Name _____

Secondary phone number: _____ Relationship: _____

Employer: _____Phone number: _____

In the event that all listed parties are inaccessible, please name an individual for HPAH to release your pet's records to. This individual will not be able to make medical decisions for your pet without your permission outside of extenuating circumstances:

Name: _____ Phone Number: _____

OR sign below to authorize HPAH to release your records at their discretion:

Signature: _____Date: _____

Name and phone number of previous veterinary center that has vaccination and health records for your pet (if applicable): _____

PLEASE TURN OVER PAGE

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and treat the described pet on my account. I assume responsibility for all charges incurred in the care of this pet. I understand that a nonrefundable scheduling fee is required to schedule the first office visit to establish a veterinary client patient relationship. I also understand that the charges will be paid in full at the time of release of the pet. IN the event payment in full is not made within 48 hours of treatment an additional charge will be applied and further services may be declined. We do NOT have charge accounts.

Signature of Primary Owner/Responsible Party: _____

Date: _____

High Peaks Animal Hospital Policies

All pets must be current on Rabies vaccination to remain a patient. The only exceptions are authorized by a HPAH veterinarian.

Reminders for appointments and medical care including vaccinations are sent to you via email or phone/text. **Post cards are no longer available**.

No show/late cancellation: If you do not show for a scheduled appointment without calling to reschedule or cancel said appointment with a **24-business-hour** notice the following policy is in place.

- 1st no show/late cancellation is no charge.
- 2nd no show/late cancellation is a missed appointment/late cancellation fee of the office visit.
- 3rd no show/late cancellation the account becomes a scheduling fee deposit prior to next appointment being made.
- 4th no show/late cancellation we no longer will accept as a client.

Inactive Client Policy

Inactive clients do not receive reminders, are not considered priority for urgent care cases, and cannot refill prescriptions through our clinic. Most inactive clients will be allowed to re-activate their account by scheduling an appointment and paying a new client scheduling fee that applies to their first exam.

You will be marked as inactive if the following applies:

- You have not brought a patient to our clinic in over 18 months
- You have moved out of state and requested to be marked inactive/have your account closed
- You have shown repeated cases of cruelty or aggression towards our doctor or staff
- You have sought care at another local general practice on a day when we were able to see your pet. (Emergency rooms excluded, seeking care when the doctor is unavailable is also excluded)

Signature of Primary Owner/Responsible Party: _____

Date: _____