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Client and Patient Information Form

Thank you for entrusting us with the care of your pet. In order to better serve you, please complete the information requested below.

Client Information:

Form fields for Client Information: First Name, Last Name, Spouse/Partner's Name, Mailing Address, City, State, Zip Code, Best Phone # to reach you, Secondary Name/Phone, Active Military? Yes/No, Email address.

Patient Information:

Form fields for Patient Information: Patient Name, Breed, Date of Birth/Approximate Age, Color(s)/Markings, Current Medical Concern(s), Current Medication(s), Allergies or Vaccine Reactions, Pertinent Medical History/Previous Medical Conditions/Past Surgeries, Do you have pet insurance?

In order to best serve you and our patient, a CPR status code is required for all patients. Please check below to inform us of your wishes if CPR were to become necessary:

- Yes - please perform CPR (additional charges will apply)
Yes - CPR under anesthesia/DNR any other time (additional charges will apply)
No - Do Not Resuscitate (DNR)

Additional Information:

Form fields for Additional Information: Family Veterinarian/Veterinary Clinic, How did you hear about us?, Client Signature, Date

LADYBUG FUND: Please add \$2 _____ \$5 _____ or \$ _____ to my charges for the Ladybug Fund, Inc., a nonprofit charitable organization that helps pet owners with financial hardship pay for emergency care for their pets. *Contributions to this fund are tax deductible and your donation will be noted on your receipt. The Ladybug Fund logo.

Payment is due at time of services rendered.
We are happy to accept cash, check, VISA, Mastercard, Discover, American Express, and Care Credit.