



16152 Highway 9  
PO Box 5104  
Breckenridge, CO 80424  
Office (970) 453-7387  
Fax (888) 785-8989  
www.farmerskornervet.com

## NEW CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pets! So that we may become better acquainted, please complete the following (please print):

Owner(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address, City, St, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ (for our use only)

Would you like e-mail to be a **primary** way for us to communicate with you?  YES  NO

Would you like us to be your primary veterinarian in Summit County?  YES  NO

Should we send the records of your visits here to another veterinarian?  YES  NO

### PATIENT INFORMATION

1) Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Canine  Feline  Other \_\_\_\_\_  Male  Female  Spayed/Neutered?  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Known medical issues: \_\_\_\_\_

2) Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Canine  Feline  Other \_\_\_\_\_  Male  Female  Spayed/Neutered?  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Known medical issues: \_\_\_\_\_

Hospital which has your pets' medical records: \_\_\_\_\_

Phone or location: \_\_\_\_\_

How did you become aware of our clinic?  Drove by  Website  Yellow Pages  Previous client of Dr. Court  
 Personal referral (whom may we thank?) \_\_\_\_\_

We accept Visa, MasterCard, personal checks (with driver license #), and Care Credit.  
Professional fees are to be paid at the time services are rendered. We will gladly prepare a written estimate upon request, simply ask a hospital team member. Please speak with a team member if you have financial concerns.

I am responsible for the above pet(s) and agree to pay in full the total charges for services rendered at the time of discharge, and any fees incurred for collection of said charges.

Today's Date: \_\_\_\_\_ OWNER'S Signature: \_\_\_\_\_

Signature of Non-Owner presenting pet \_\_\_\_\_ Print Name \_\_\_\_\_