

GOODE ANIMAL HEALTH CARE



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Pueblo, CO 81004

Ambulatory office: 7782 Pine Bluff Dr. W. Ambulatory Cell: 719-252-5152 Office: 719-924-8969 Webpage: goodevet.com

NEW CLIENT FORM

CLIENT INFORMATION Date _____

Name _____ Spouses' Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work: _____ Spouse Work: _____

Cell Phone: _____ email _____

Place of Employment _____ Occupation/Position _____

Best time to Reach You _____ Driver's Lisc. # _____ Social Security # _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

There will be a \$50.00 fee if I fail to call and cancel a scheduled office visit appointment 48 hours in advance.
There will be a \$175.00 per hour fee if I fail to call and cancel a scheduled surgery/outcall 48 hours in advance with the time being based on how long the normal surgery/outcall is allotted.

Please indicate choice of payment _____ Cash/Check _____ Visa _____ Master Card _____ Discover _____ AMEX
How did you become aware of our clinic? _____ Drove By _____ Yellow Pages _____ Previous Client _____ Website
Personal Recommendation/Referral; (Whom may we thank?) _____

Patient Information:

PATIENT INFORMATION	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: M F M/N F/S			
VACCINATION HISTORY			
RABIES			
DHLP/PARVO/CORONA			
BORDETELLA			
INTRA TRAC II			
HEARTWORM TEST/PREV			
FELV-FIV TEST			
FVRCP			
FELV			
FIP			
FECAL (STOOL SAMPLE)			

Our pet(s) is: _____ Member of our family _____ Child's pet _____ Backyard Pet
Any previous serious illness or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet on any special diets or medicatons? _____
Would you like to be present during treatment to your pet? _____ Yes _____ No
I give permission for GAHC to use pet/client photos for advertising/social media. _____ YES _____ NO

A request for payment in full at the time of services is no reflection on your credit, but enables us to operate economically. Signature _____ Date _____