

**Summer Valley Veterinary Clinic**

16981 E. Quincy Ave. D-7

Aurora, CO 80015

Phone # 303-690-5021

Fax # 303-690-7928

Summervalleyvet.com [summervalleyvet@gmail.com](mailto:summervalleyvet@gmail.com)

Susan K. Walters, DVM Del Fetter, DVM

**Client / Patient Information Form**

**OWNER:** \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_  
(Number) (Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Address: \_\_\_\_\_  
(Number) (Street) (Apt. #) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**How did you hear about us? (please check one)**

Yellow Pages \_\_\_\_\_ Internet \_\_\_\_\_ Referred By \_\_\_\_\_  
Mailer \_\_\_\_\_ Other (please explain) \_\_\_\_\_

I understand that fees are to be paid in full at the time services are rendered. Any account that becomes delinquent 30 days or greater will be charged 21% interest and a monthly service charge. I further agree to pay any court costs, attorney fees, interest, returned check fees, and any reasonable cost of collections in the event my account becomes delinquent. We reserve the right to refuse payment by check at any time.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*You must be 18 or over to sign or have an account in your name.

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**Patient Information:**

Name: \_\_\_\_\_

Dog/Cat (circle one)

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Neutered/Spayed? Y/N (circle one)

Microchip/tattoo? Y/N (circle one)

Indoor/Outdoor pet?

Diet: \_\_\_\_\_

Travel history: \_\_\_\_\_

Last Vaccinations (Please list with dates): \_\_\_\_\_

Current Medications/Supplements: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Dog/Cat (circle one)

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Age: \_\_\_\_\_

Neutered/Spayed? Y/N (circle one)

Microchip/tattoo? Y/N (circle one)

Indoor/Outdoor pet?

Diet: \_\_\_\_\_

Travel history: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Current Medications/Supplements: \_\_\_\_\_  
\_\_\_\_\_