



New Client Information

5520 N. Nevada Avenue, Suite 150
 Colorado Springs, CO 80918
 Phone: 719.266.6400 / 800.791.2578
 Fax: 719.260.0823
 www.peakvets.com

Owner/Guardian
 Name _____ Street Address _____
 Home phone _____ City/State/Zip _____
 Work/cell phone _____ Email _____
 Primary care veterinarian _____ PPVG will not distribute your email address to other entities. Please check this box if it is OK for PPVG to contact you via email:

Companion
 Name _____ Age or date of birth _____
 Breed _____ Color _____ Gender _____ Spayed _____ Neutered _____
 Type (circle all that apply): companion working performance athlete
 Primary activities: _____

How did you hear about us? Check all that apply: Yellow Pages EcoPages Internet Friend TV
 Veterinarian CS Gazette CS Independent Cheyenne Edition Petacular PetExpo Radio
 Pet Directory Jack Quinn's Been here before Other (please specify) _____

General Medical History
 Diet (type, frequency, and amount): _____
 Past medical history (not related to current problem): _____
 Current medications and dosages (including nutraceuticals and anti-inflammatories): _____
 Previous surgeries (not related to current problem): _____

History of Current Problem
 Date of surgery or onset of problem: _____
 History of present injury or illness: _____
 Please describe your companion's activity level before and after the onset of this injury or illness: _____
 What are your goals for your companion with pain management and rehabilitation? _____

Authorization: I hereby authorize Peak Performance Veterinary Group to examine, prescribe for, and treat the above-mentioned pet. I assume all charges incurred in the care of the animal. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. I consent to release all pertinent medical information to and from my regular daytime veterinarian.

Cancellation and No-Show Policy: We excel in quality care by scheduling the appropriate amount of treatment time for each patient. Your appointment is a specific time that we set aside especially for you and your companion, so it is extremely important to be timely. If you are unable to keep your appointment, YOU MUST NOTIFY THE OFFICE 48 HOURS IN ADVANCE. You will be charged a normal appointment fee for no-shows, and you may be charged a missed appointment fee for tardiness of 10 minutes or more. You will be asked to reschedule your appointment if you are 10 minutes late. Thank you for your consideration and assistance.

I have read and understand the above-described policies.

Signature _____ **Date** _____

T _____ P _____ R _____ W _____ PPOP _____ PH _____ QOL _____ STR _____ RTY _____ CTY _____