



PEAK PERFORMANCE VETERINARY GROUP

New Client Information

Frisco Animal Hospital
Frisco, CO 80443

www.peakvets.com

Owner/Guardian
 Name _____ Address _____
 Home phone _____
 Work/cell phone _____ Email _____
 Primary care veterinarian _____

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? Internet _____ Friend _____ Veterinarian _____ Newspaper _____ Other _____

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 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 _____