



CLIENT REGISTRATION FORM

1607 Grand Ave., Suite 11, Glenwood Springs, CO 81601
Ph: 970-945-6762 Email: alldogandcatsvet@gmail.com

Owner Name _____ Secondary Contact Name _____

Mailing Address _____
P. O. Box/Street _____ City _____ State _____ Zip Code _____

Phone Number: Cell _____ Home _____ Work _____

Second Contact Phone: Cell _____ Work _____

Email Address _____

How may we contact you with updates and reminders: Phone Text Message Email

Pet's Name _____ Species: Canine/ Feline Sex: Female/ Spayed Male/ Neutered

Breed _____ Color _____ Birth Date _____

Microchipped Yes No Microchip Number _____ Temperament _____

Has your pet experienced any previous health concerns?

May we contact your previous vet to obtain: Vaccination History Medical Records Don't Contact Veterinary
Hospital Name/ Location _____
Hospital Phone _____ Email Address _____

May we post photos of your pet on our website, social media, and/or other internal marketing? Yes/ No

How did you learn about our clinic?

Personal Referral _____ Website Facebook Internet Signage
 Other (Please Describe) _____

I hereby authorize All Dogs and Cats Veterinary Hospital to examine, provide services, prescribe medication and/or treat the animal described above. I understand that a deposit may be required prior to any major medical treatment or surgical procedure. I agree that all charges shall be paid in full at the time of service and that I will be held personally responsible for those incurred charges. In the unlikely event that my account becomes delinquent and is referred to collections, I understand that I will be charged interest at a rate of 1.5% per month. Any account referred to collections may also have an amount assessed up to 40% of the principal balance as dictated by State and local regulations. I further understand that I could be liable for reasonable attorney fees and court costs should legal action be taken in the attempt to collect the debt. By signing below, I attest that I am at least 18 years of age and agree to these conditions.

Owner/ Authorized Agent Signature

Printed Name

Date