



## Client Registration Form

58260 Hwy 330, Collbran CO 81624

Ph: 970-487-3099 Email: [pvah247@gmail.com](mailto:pvah247@gmail.com)

Owner Name \_\_\_\_\_ Secondary Contact Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Street Number City State Zip Code

Mailing Address \_\_\_\_\_

(if different) PO Box/ Street Number City State Zip Code

Address Where Livestock are Located \_\_\_\_\_

(if different) Street Number City State Zip Code

Phone Number Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Secondary Contact Phone Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_ Secondary Email \_\_\_\_\_

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

**Pet's Name** \_\_\_\_\_ **Species** \_\_\_\_\_ **Female/ Male Spayed/ Neutered**

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**Microchipped Yes/ No** **Microchip Number** \_\_\_\_\_ **Would you like to microchip today Yes/ No**

**Has your pet experienced any previous health concerns?**

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May we contact your previous vet to obtain  Vaccination History  Medical Records  Don't Contact

Hospital Name/ Location \_\_\_\_\_

Hospital Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

I hereby authorize Plateau Valley Animal 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 at an interest 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