



Client Registration Form

28485 Hwy 6, Rifle, CO 81650

Ph: 970-625-1480 Email: 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?

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