All Dogs and Cats Veterinary Hospital 1607 Grand Ave Suite 11 Glenwood Springs, CO 81601



Phone: (970) 945-6762 Email: alldogsandcatsvet@gmail.com Website: alldogcatvet.net

New Patient Registration													
Client Information													
Last Name		Middle Initial			Client Date of Birth			Employer					
Email Address					Primary Phone			Secondary Phone		Work Phone			
]					
Primary Address						City				State		Zip	
Mailing Address (if different from primary)						City				State		Zip	
Second Name on Account	cond Name on Account Relationship			Phone Number			How did you hear		out us? If a friend		a friend, w	whom may we thank?	
Patient Information													
Pet Name	Species Age				Spayed/ eutered?		Breed		Col			Vaccines Current?	
Reason for visit:													
Clinic/Veterinarian who last vaccinated and/or treated your pet(s)? (Please indicate below) Has your pet had any allergic reactions?											actions?		
May we post pictures of your pet on social media/our website to educate the community about our services? If yes, please initial on the line													
By signing below, I authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also acknowledge that all payment is to be paid in full at the time services are rendered. Please note that we do not have a billing department, thus we do not have the ability to bill for any services. I also understand that All Dogs and Cats Veterinary Hospital respectfully requests that a minimum of 24 hours notice is given for a canceled or rescheduled appointment and that fees may apply as consequence for appointments not canceled in advance. Additionally, by signing below I assert that I am at least 18 years of age or have received appropriate verbal permission from the owner to authorize services performed upon the above listed pet(s). Signature of Owner: X Date:													
Signature of person presenting this pet (if other than owner):													
X Date:													
Please indicate the intended	form of pa	yment bel	ow:										
Cash Visa CareCredit Other:									her:				