



## CLIENT REGISTRATION FORM

6420 County Rd 335, Unit A, New Castle, CO 81647  
Ph: 970-984-7076 Email: [adacwellnesswest@gmail.com](mailto:adacwellnesswest@gmail.com)

Owner Name \_\_\_\_\_ Spouse 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 Wellness West 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 \_\_\_\_\_