



Patient Registration Form

Select the correct clinic.

☒ Collbran Clinic 58260 Hwy 330, Collbran CO 81624 Ph: 970-487-3099 Email: pvah247@gmail.com	☒ Rifle Clinic 28485 Hwy 6, Rifle, CO 81650 Ph: 970-625-1480 Email: pvah247@gmail.com
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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

How did you hear about us? Social Media Online Search Website Referral (name) _____

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 _____