# Ridgewood Animal Hospital
## 3730 Astrozon Blvd., Colorado Springs, CO 80910
## (719) 390-7387

Owner: _____
Last Name First Name Middle initial

Spouse/Co-owner: _____

Address:_____ City/St: _____ Zip code:_____

Owner Employer: _____ Co-owner Employer: _____

Primary Contact number: _____ Secondary Contact number: _____

Emergency contact: _____ Phone number: _____

E-mail Address: _____

May we use your E-mail address as a form of communication? **Yes** or **No**

How did you hear about our hospital? _____

Pet Name: _____ Species: _____

Breed: _____ Color: _____ Sex: **M** or **F**

Spayed or Neutered? **Y** or **N** Age/D.O.B _____ Vaccines Current? **Y** or **N**

Is your pet on any medications? **Y** or **N** If yes, please list medicines and doses: _____
_____

Does this pet have any known allergies? **Y** or **N**

**I hereby authorize the veterinarian to examine, prescribe, and treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges shall be paid at the time services are rendered. If said pet needs to be hospitalized I may be required to leave a deposit on estimated services/procedures and the remaining charges must be paid for at the time of release.**

Payment is due at time of services. Ridgewood Animal Hospital reserves the right to refuse/refrain from any services. By signing this form you give Ridgewood Animal Hospital permission to have your pet's medical records released to us via fax or postal mail.

**Signature of Owner: _____**

**Date: _____**