



3730 Astrozon Blvd. Colorado Springs, CO 80910 (719) 390-7387

Owner: _____
Last Name First Name Middle Initial

Spouse/Co-Owner: _____

Address: _____ City/State _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Owner Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Pet Name: _____ DOG or CAT MALE or FEMALE NEUTERED or SPAYED

Breed: _____ Color: _____ Age/DOB _____

Are Vaccines up to date? _____ Is your pet currently on any medications? YES or NO, If YES, please list medicine and dose: _____

Previous Vet: _____ Does this pet have any allergies? _____

We require 72 hours to provide owners with a copy of a patient's record from the day of request. If you need to cancel an appointment, we require a minimum of a 24-hour notice, if it is a surgery, we require a minimum of a 72-hour notice. If we do not receive the required notification, we reserve the right to charge a cancelation or no-show fee of \$80.00 for an exam and \$150.00 for a surgery.

Client Initials _____

Ridgewood Animal Hospital partners with PetDesk. You have the option for reminders by either postcard, email or text. Please download the PetDesk app to notify PetDesk your preferred form of communication. If you decline to participate then we will still communicate with you via postcard, unless you totally opt out of any and all communication.
Don't forget to download the PETDESK APP.

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 the services are rendered. If said pet needs to be hospitalized, I may be required to leave a deposit on estimated services and procedures and the remaining charges must be paid for at the time of release. Payment is due at the time of services. Ridgewood Animal Hospital reserves the right to refuse and 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, email or postal mail.

Signature of Owner: _____ Date: _____