



LittletonWestAnimalHospital
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Littleton, CO80123
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New Patient Registration:

Owner Name (s): _____

Address: _____

city _____ zip _____

Home phone: _____

Cell phone: _____ Is texting ok? _____

Secondary phone number/name: _____

Which phone is primary number: _____

E-mail address: _____

How did you hear about us? _____

Pet's name: _____

Age/ Date of Birth: _____

Breed: _____ color _____

Is your pet a female or male? Spayed or neutered? _____

Microchip ID: _____

When were the last vaccines given and what type?

What problems or surgeries has your pet had in the past?

Is your pet on any type of parasite preventative (such as Heartgard) and what type?

Is your pet on any other medications, vitamins, supplements, and type?

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume full responsibility for all charges incurred for the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I understand there will be a \$40 fee for a returned check.

I authorize LWAH to use my pet's pictures or videos on social media/websites. YES/NO _____ initials

LWAH shares information with a third party "PetDesk" for reminders, communications and notifications.

Date _____

Signature _____