

**Welcome**  
**Coral Sands Animal Hospital**  
**Client Registration Form**

Your Name (Please Print): \_\_\_\_\_

Are you the owner/legal guardian of this pet? \_\_\_\_\_ If not, how related? \_\_\_\_\_

Pet's Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ (For Rabies/Licensing purposes)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Other person(s) (if any) authorized to pickup/claim this pet following treatment or boarding:

\_\_\_\_\_  
Pet's Name: \_\_\_\_\_

Pet's Species: Dog Cat Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Pet's Birth (or Age): \_\_\_\_\_ Gender: Male Female Spayed/Neutered

Previous Veterinarian: \_\_\_\_\_

Animal Hospital: \_\_\_\_\_ City & State: \_\_\_\_\_

When was the date of this pet's last visit to any animal hospital? \_\_\_\_\_

May we obtain your pet's medical records from the above veterinarian/animal hospital(s)? \_\_\_\_\_

What is your pet's medical history (such as prior surgeries or ongoing medical issues {allergies, seizures, etc.}): \_\_\_\_\_

**PLEASE NOTE THAT PAYMENT IS DUE AT TIME SERVICE IS RENDERED. NO BILLING.**

*Please circle the type(s) of payment you will provide for today's visit:*

Cash

Credit Card

Care Credit

Pet Insurance

**NOTE: We have trained staff to hold your pet during examination or treatment. If you elect to restrain your own pet during examination/treatment, please understand we cannot be responsible for any injury incurred to you or your pet. \_\_\_\_\_ (Initial, indicating approval)**

I Have read, understood, and verify all information provided by me above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_