

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

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: _____