



CENTRAL COAST
PET EMERGENCY HOSPITAL

1558 W. Branch Street
Arroyo Grande, CA 93420
Ph: 805.489.6573 Fax: 805.489.5470

Alternate Contact/Care-Taker Information







Owner's Information

Full Name: _____

Tel: (Primary) _____ Tel: (Secondary) _____

Pet's Information

Pet's Name: _____

Species: Dog  Cat  Male _____ Is he neutered ? Yes  No 
Female _____ Is she spayed ? Yes  No 

Breed: _____ Color: _____

Approximate age/ date of birth of pet: _____

Medications pet is currently taking: _____

Care-taker's Information

Full Name: _____

Relation to owner: _____

Tel: (Primary) _____ Tel: (Secondary) _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Comments: _____

I authorize and direct the veterinarians at Central Coast Pet Emergency Clinic, Inc. to diagnose, prescribe, and perform minor therapeutic procedecures that their judgement may indicate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure, and I understand I am financially responsible for authorized services performed.

Please Print Name: _____

Client or Authorized Party Signanature: _____ Date: _____

Internal use only:

Admission time: _____ Client# _____ Patient# _____