



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

Name _____	Spouse/Significant Other _____
Mailing Address _____	Home Phone _____
Apt # _____	Cell Phone _____
City _____ State ____ Zip _____	How did you become aware of us? Circle: Sign, Website/Internet, Facebook, Yelp
Home Phone _____	Local Business _____
Cell Phone _____	Pet Pals Referral (whom may we thank) _____
Email _____	

**PET INFORMATION**      **PREVIOUS VETERINARIAN/CLINIC** \_\_\_\_\_

	Pet 1	Pet 2	Pet 3
<b>Name:</b>	_____	_____	_____
<b>Date of Birth:</b>	_____	_____	_____
<b>Breed:</b>	_____	_____	_____
<b>Color:</b>	_____	_____	_____
<b>Sex:</b>	_____	_____	_____
<b>Spayed/Neutered?:</b>	_____	_____	_____

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications? \_\_\_\_\_

Is your pet on any special diets or medication? \_\_\_\_\_

I grant to Coronado Veterinary Hospital, its representatives and employees the right to copyright, use and publish photos of my pet in print and/or electronically. I agree that Coronado Veterinary Hospital may use such photographs of my pet with or without my pet's name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

I understand that all payment is due the day services are rendered. Any balance that becomes 30 days past due may incur a finance charge of 10% per annum.

Signature \_\_\_\_\_ Date \_\_\_\_\_