



REGISTRATION

Welcome to Coronado Veterinary Hospital! Please complete the form below so we are able to provide the best care possible. You must be at least 18 years old to provide authorized consent. If you are younger than 18 years old you must provide written consent from a parent/guardian. PLEASE PRINT.

OWNER INFORMATION

| | | | | | |
|--|-------------|--------|--------------------------------|-------------------------------------|---|
| Owner's last name: | | First: | Birth date: | | |
| | | | / / | | |
| Home phone: | Cell phone: | | Work phone: | | Email: |
| Co-owner/Spouse last name: | | First: | Birth Date: | | Spouse phone: |
| | | | / / | | |
| Primary Address: [Address/ P.O Box, City, ST ZIP Code] | | | | | Are you, co-owner and/or spouse active military duty? <input type="radio"/> Yes <input type="radio"/> No |
| Alternate Address (if applicable): [Address/ P.O Box, City, ST ZIP Code] | | | | | |
| Why did you chose our hospital? (Please choose one option): | | | <input type="radio"/> Website | <input type="radio"/> Google search | <input type="radio"/> Yellow Pages |
| If referred, by whom? | | | <input type="radio"/> Referred | <input type="radio"/> Walk-by | <input type="radio"/> Facebook |

PATIENT INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------|
| Pet's name: | | Birth date: | | Sex: | |
| | | / / | | <input type="radio"/> M <input type="radio"/> F | |
| Breed: | | Color/Markings: | | Neutered/Spayed? | |
| | | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Is this patient covered by insurance? | | <input type="radio"/> Yes <input type="radio"/> No | | Please indicate primary insurance: | |
| Micro-chipped? | | <input type="radio"/> Yes <input type="radio"/> No | | Microchip number: | |
| Has your pet been previously diagnosed with any syndrome, disease, allergy, and/or any other health issue? | | | <input type="radio"/> Yes <input type="radio"/> No | | If yes, please explain: |
| | | | | | |

Other pets seen here:

IN CASE OF EMERGENCY

| | | | |
|--|---------------|------------------|-------------|
| Name of local friend or relative (not living at same address): | Relationship: | Home/Cell phone: | Work phone: |
| | | | |

AUTHORIZATION

The above information is true to the best of my knowledge. 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 all charges must be paid at the time of discharge.

Owner's signature

Date