



# REGISTRATION FORM

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

Pet Parent First Name:	Pet Parent Last Name:	Pet Parent Birth Date: required by DEA / /
Home Phone:	Cell Phone:	Email:
Co-Parent First Name:	Co-Parent Last Name:	Co-Parent Birth Date: / / Co-Parent Phone:
Primary Address: [Address/ P.O Box, City, ST ZIP Code]		Are you or the co-parent active military duty? <input type="radio"/> Yes <input type="radio"/> No
Secondary Address:		If you were referred, by whom? _____ _____

## PATIENT INFORMATION

Pet Name:	Pet Birth Date: / /	Sex (circle one): Male Female Neutered/Spayed (circle one): Yes No
Species (circle one): cat dog	Breed:	Color/Markings:
Covered by insurance? Yes No	Microchip Number:	For Cats (circle one): Indoor Only Outdoor Only Both
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:	

## 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 time of discharge.

\_\_\_\_\_  
Parent/Co-Parent Signature

\_\_\_\_\_  
Date