

La Costa Animal Hospital ~ New Client Information and Consent for Care

Owner(s) _____
Last First

Spouse/Significant Other/Other Owner _____
Last First

Address _____
Street Apt/Unit # City State Zip

Preferred Phone _____ Cell Work Home

Alternate Phone _____ Cell Work Home

Alternate Phone _____ Cell Work Home

E-Mail Address _____

How did you hear about our hospital? _____

(For personal recommendations, we like to send thank-you notes)

Pet's Name _____ Species: Cat Dog

Breed _____ Sex: F M Spayed/Neutered? Yes No

Birthdate (or approximate age) _____ Color _____

Any current medications? _____

Any previous medical problems? _____

Any known allergies or drug reactions? _____

Anything else we should know about your pet? _____

May we take photographs of your pet(s) for our website or our social media sites? (No last names are used) Yes No

We will gladly prepare a written cost estimate of if you desire (please ask our staff). All professional fees are due at the time of services. We accept Cash, Visa, Mastercard, American Express, Care Credit and Scratchpay.

I hereby authorize that I am the owner of the companion animal described above, I am over the age of eighteen, and I am authorized to approve treatment and medications for said patient. I authorize **La Costa Animal Hospital** to examine, and where applicable and previously agreed upon, to prescribe for and treat my companion animal described above. I understand that no guarantee can ethically or professionally be made regarding results or cure. *I understand that late cancellations (within 24 business hours), late arrivals or no-shows for scheduled appointments will incur a fee, for which I am responsible and will be required to pay prior to receiving any services, medications or rescheduling my pet for any additional appointments.*

Signature of responsible party _____ Date _____

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Additional Pet(s)

Pet's Name _____ Species: Cat Dog
Breed _____ Sex: M F Spayed/Neutered? Yes No
Birthdate (or approximate age) _____ Color _____
Any current medications? _____
Any previous medical problems? _____
Any known allergies or drug reactions? _____
Anything else we should know about your pet? _____

Pet's Name _____ Species: Cat Dog
Breed _____ Sex: M F Spayed/Neutered? Yes No
Birthdate (or approximate age) _____ Color _____
Any current medications? _____
Any previous medical problems? _____
Any known allergies or drug reactions? _____
Anything else we should know about your pet? _____

Signature of responsible party _____ Date _____