



To ensure the best care possible please take the time to fill in this form completely and print legibly. We'll be happy to answer any questions you have about your pet's health. Thank you.

WELCOME!

Owner _____ Email Address _____

Address _____ City _____ St _____ Zip _____

Phone _____ Home Work Cell Email Appt. Reminders? Yes No

Emergency Contact Name _____ Phone _____

How did you learn of our clinic? _____

Reason for Visit _____

TELL US ABOUT YOUR PET!

Pet's Name _____ Dog Cat Other _____

Breed _____ Color _____ Age _____ Date of Birth _____

Female Male Spayed / Neutered Yes No Microchip Number _____

My Pet Lives Indoors Outdoors Both Previous Veterinarian _____

Pet's current medications _____

Describe your pet's diet _____

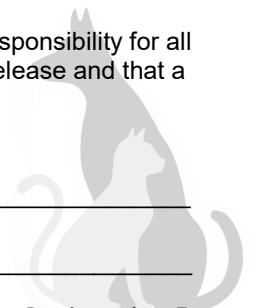
May we use a photo of your pet on Coastal Veterinary website / social media? Yes No

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribed for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____

Method of payment Cash Check Mastercard Visa Other _____





FINANCIAL POLICY

Coastal Veterinary policy requires payment at time of service. Accepted forms of payment are Cash, Check, Credit (Visa, MasterCard, Discover, or American Express). We can also help you apply for Care Credit financing should the need arise. Information is readily available at the front desk. There is no hospital administered financing program. If you have pet insurance, payment is due at the time of service. Please contact your insurance company for further information.

A written estimate will be provided at the time of admission. Depending on the nature of medical care, actual cost may vary. We will attempt to contact you as soon as possible if the cost exceeds the high end of the estimate by 20%.

On admission, a deposit of 50% of the high end of the estimate is required. The balance is to be paid at the time of discharge. We cannot make exceptions to this policy.

I understand that if there is a balance due, for any reason, and it is not paid per Coastal Veterinary requirements, I will be responsible for any collection and/or attorney fees that are incurred in the attempt to collect the debt.

I have read and consent to the above Financial Policy.

Signature: _____

Printed Name: _____

Date: _____