



Client #: _____
Hospital to Complete I.D. #

NEW CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a moment to complete this information sheet. Date: _____

Owner's Name: _____
First & Last Name

Owner's Cell #: _____

Spouse/Other: _____
First & Last Name

Spouse/Other Cell #: _____

Complete Mailing Address:

_____ *Street* _____ *Apt. #* _____ *City* _____ *State* _____ *Zipcode*

Owner's E-Mail Address: _____

Owner's Date of Birth: _____
Month / Day / Year

Employer: _____

*****Certain medications are controlled substances and cannot be dispensed without your date of birth, please note this is required by the D.E.A.*****

Drivers License #: _____ State: _____

How did you hear of our hospital? Google Search Friend/Family Member _____
First & Last Name

Walk-in Humane Society Rancho Coastal Hospital Sign

What is your preferred method of communication? *(Please select one)* Phone Email

Is there anyone else you would like to be on your account? Yes No

This person would be authorized to bring your pet in for treatment, make decisions regarding care, including euthanasia and pay for services.

Name: _____ Phone Number: _____

In case of an EMERGENCY, who would you like us to contact? *(Someone other than listed on account.)*

Name: _____ Phone Number: _____

Pet's Name: _____

Pet's Name: _____

Breed: _____ Male Female

Breed: _____ Male Female

Date of Birth: _____ Color: _____

Date of Birth: _____ Color: _____

Microchipped? Yes No

Microchipped? Yes No

Is your pet spayed/neutered? Yes No

Is your pet spayed/neutered? Yes No

If there is any important medical information about your pets that we should know, please notify one of our Care Team members at the time of check in.

Are you interested in learning about the Care Credit healthcare card? Yes No

Carlsbad Animal Hospital accepts Care Credit. Care Credit gives you the financial means to help pay for any unexpected pet care needs. In addition to using CareCredit at the hospital, it is widely accepted at most dentists, ophthalmology, chiropractic offices and more.

It takes just a few minutes to apply. If you are approved, you can charge to your account immediately. Please ask one of our friendly Care Team members for more information.

Hospital to Complete this Section:

Entered By: _____
Initials/Date

Verified By: _____
Initials/Date

Date Card Sent: _____
Initials/Date