



**Thank you for giving us the opportunity to care for your pet.**

**Please fill out the below information about you and your pet(s) so we can be prepared for your visit. If you have records from your previous Veterinarian please email them to [infonorthcoastpc@gmail.com](mailto:infonorthcoastpc@gmail.com).**

**We look forward to getting to know you both and having you become a member of our North Coast Pet Clinic Family.**

Owner's Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ SMS Messaging Y  N

Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle : Canine / Feline Male / Female Spayed/Neutered: Y / N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please list any chronic illnesses: \_\_\_\_\_

**Authorization for Treatment of Pets:**

I hereby authorize the Veterinarian to examine, prescribe for and treat my pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid for at the time of treatment and release and that a deposit may be required for surgical treatment. I also authorize the use of pictures of my pet to be used on North Coast Pet Clinic social media and website.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Additional Pets Information:**

Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle : Canine / Feline Male / Female Spayed/Neutered: Y / N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please list any chronic illnesses: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle : Canine / Feline Male / Female Spayed/Neutered: Y / N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please list any chronic illnesses: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle : Canine / Feline Male / Female Spayed/Neutered: Y / N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please list any chronic illnesses: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

Please Circle : Canine / Feline Male / Female Spayed/Neutered: Y / N

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please list any chronic illnesses: \_\_\_\_\_