



Los Coyotes Pet Hospital

3599B N. LOS COYOTES DIAGONAL, LONG BEACH, CA 90808

Owner's Information

Owner _____
(Last Name) (First Name) (Preferred Pronoun(s))

Address _____
(Street) (Apt #) (City) (Zip Code)

Email Address _____ Date of Birth (Owner): _____

Cell Phone (_____) - _____ Preferred Contact [Circle: PHONE TEXT EMAIL]

Home Phone (_____) - _____ Work Phone: (_____) - _____

Co-Owner Name/Relationship _____ Cell Phone (_____) - _____
*If you have any additional owner(s) with consent to treat your pet(s), please inform the staff.

Emergency Contact Name _____ Phone Number (_____) - _____

How did you learn of our clinic? Advertisement _____ Google Yelp Facebook Drive-By
 Recommendation _____ *They will receive \$5.00 credit* Other _____

Patient's Information

Pet's Name			
Dog or Cat	Dog / Cat	Dog / Cat	Dog / Cat
Age or Birthday			
Breed			
Color			
Sex	Male / Female Neutered/ Spay	Male / Female Neutered/ Spay	Male / Female Neutered/ Spay
Microchip #			
Pet Insurance	Yes/No/ Interested	Yes/No/ Interested	Yes/No/ Interested

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet(s). I assume full responsibility for all charges incurred for the care of my pet. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

*I authorize LCPH to post my pet's pictures on social media. Yes No

*I authorize LCPH to release my pet(s) medical records to other Veterinarians, pet(s) insurance, daycare or groomer, upon their request. Yes No

Signature of Owner _____ Date _____