

# WELCOME TO LOS COCHES ANIMAL HOSPITAL

Owners name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Spouse/Other Employer: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

We will gladly prepare a written estimate for all medical and surgical procedures. This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE PERFORMED. We accept all major credit cards, as well as Care Credit, personal checks will not be accepted. Initial: \_\_\_\_\_

Hospitalized and boarded patients must be current on all required vaccines and free from internal and external parasites, our staff will perform this level of preventative care when deemed necessary. Your signature below indicates that you are the responsible agent for all pets listed within your account, as well as all incurred costs. You may at any time request a written prescription for your pets medications prescribed by our doctors to be filled at an outside pharmacy.

Signature of Responsible Agent for Pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

### Essential Animal Information

Name	Species	Breed	DOB	Sex	Altered?	Color
_____	K9/F9	_____	_____	M/F	Y/N	_____
_____	K9/F9	_____	_____	M/F	Y/N	_____
_____	K9/F9	_____	_____	M/F	Y/N	_____

**YOU MUST PRESENT YOUR ID TO THE RECEPTIONIST ALONG WITH THIS FORM.**

Dispensing of certain medications, as well as the processing of payments, requires the owners ID to be confirmed and entered into our system. We apologize for any inconvenience.

Staff Use Only: Welcome Letter \_\_\_\_\_

Info Check: \_\_\_\_\_