Coast to Coast Cardiology

www.CCCvetService.com

844-LUB-DUBS

Patient Information:

Name _____ **Species** ❑ Dog ❑ Cat ❑Other _____

Breed _____ **Color** _____ **Birthdate or Age** _____

Gender ❑ Male Castrated ❑ Female Spayed ❑ Male Intact ❑ Female Intact

Microchipped ❑ No ❑ Yes, # _____ **Weight** _____

Are there any temperament issues of which we should be advised of? ❑ No ❑ Yes _____

May we use images and the first name of your pet on our website? ❑ No ❑ Yes

Human Companion Information: (Please update with any new or additional information)

Name _____ **Email** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Home Phone _____ **Cell** _____ **Work** _____ **Occupation** _____

Who else has permission to make decisions on behalf of your pet? List name and contact information:

_____

How did you hear about us _____

Referred by _____

Previous, current and future Veterinarians involved in this patients care:

Family Veterinarian _____ **Hospital** _____

Additional Veterinarian(s) _____ **Hospital(s)** _____

_____

I understand that payment in full is due at time of services. I agree to assume financial responsibility for all professional fees, and agree to pay CCC when services are rendered. I understand that a fee of $35.00 will be incurred for all returned checks or credit card fees. Additionally, a service fee of 10% will be charged monthly on all unpaid balances. CCC may also recover reasonable attorney's fees and court costs incurred as a result of my failure to pay in accordance with this authorization.

Signed: _____ **Date**: _____