



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: _____