



# Welcome to Coral Ridge Animal Hospital

2801 East Commercial Blvd. Fort Lauderdale, FL 33308

Arch Gordon, D.V.M

**Thank you for giving us the opportunity to care for your pet. To insure the best care possible please take the time to fill out this form completely.**

## **Client Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

List Cell Phone Provider to receive appointment confirmations/updates via text \_\_\_\_\_

Email Address \_\_\_\_\_

Referred by \_\_\_\_\_  Internet  Walk-in  Other

## **Pet Health Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Breed \_\_\_\_\_ Canine  Feline

Color \_\_\_\_\_ Sex:  Male  Female  Neutered  Spayed

Previous Veterinarian(S) Where Past Medical Records Could Be Obtained \_\_\_\_\_

Phone Number \_\_\_\_\_

## **Authorization**

I hereby authorize Coral Ridge Animal Hospital to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that all charges must be paid in full at the time of service and that a deposit may be required for treatment. In the event it becomes necessary to collect these fees through an attorney or collection agency, then I agree to pay all attorney fees, filing fees, financial charges, and any cost incurred. It is agreed that the venue for all actions will be in Broward County, Florida. Please provide us with a copy of your driver's license.

Owner or responsible party \_\_\_\_\_ Date \_\_\_\_\_