



Coastal Carolina Animal Hospital

5650 Carolina Beach Road
Wilmington, NC 28412



Thank you for giving Coastal Carolina Animal Hospital the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:

Today's Date: ____/____/____

Please Circle One:

Mr. Mrs. Ms. Dr. Owner: _____
Last First Middle Initial

Please Circle One:

Mr. Mrs. Ms. Dr. Spouse: _____
Last First Middle Initial

Address: _____
Street Address Apt. Number

City State Zip Code

Phone Numbers: _____
Cell Home Work

Email Address: _____

Preferred Method of Contact (circle one): Phone Email Text

Place of Employment: _____
Employer Title

How did you become aware of our hospital? (Please select all that apply)

- Pet Store or other professional recommendation _____
- Personal recommendation – whom may we thank? _____
- Hospital sign/location
- Internet
- Other (please explain) _____

Please fill out the front and back of this form completely.

Cancelation and No Show Policy

Appointments are in high demand, and your early cancelation will not only allow us to get your pet’s appointment rescheduled in a timely manner but help other patients with immediate needs and care. Please call our office within 24hrs of your pet’s scheduled appointment to cancel.

We understand that things come up and life happens! If your schedule changes and you cannot keep your pet’s scheduled appointment, please contact us right away so we may reschedule you. As a courtesy, you will receive an email reminder and/or text message of your pet’s visit two days prior to your pet’s scheduled appointment date. If you do not cancel or reschedule your appointment in a timely manner it will be recorded in the patient’s chart as a “no show”. If there is more than one occurrence of a “no show” you will be charged an exam fee for each additional “no show”. The fee is charged to the client and is due at the time of the next scheduled office visit.

It is our policy to provide you with a written estimate of fees for any case where in hospital treatment, emergency care, surgery, or hospitalization will be needed. A deposit prior to treatment may be required depending on the amount of the estimate.

Payment Policy

FEES ARE DUE AT TIME SERVICES ARE RENDERED. We accept cash, check, Visa, Mastercard, Discover, and American Express. However, in order to accept checks, we do require a valid driver’s license number and social security number. Both of these numbers will be kept in a confidential manner.

Driver’s License #: _____ Social Security #: _____

I understand Coastal Carolina Animal Hospital’s Cancelation/No Show Policy and Payment Policy. I will give at least 24hrs notice if I cannot make it to the scheduled appointment.

(owner or representative signature)

Photo Consent Form

I hereby grant Coastal Carolina Animal Hospital permission to use any photographs taken of my pet, in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Coastal Carolina Animal Hospital and will not be returned. I hereby authorize Coastal Carolina Animal Hospital to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing their programs or for any other lawful purpose. In addition, I waive any right to royalties or other compensation arising or related to the use of the photograph. In signing this consent, I give authorization to use my **pet’s name** as printed below.

(owner or representative signature)

Thank you for choosing Coastal Carolina Animal Hospital for your pet care needs.