



20592 Laguna Canyon Road, Laguna Beach, CA 92651
(949)-494-0142

Client Registration Form

Client Information

Client First Name _____ Client Last Name _____
Cell Phone # _____ Home Phone # _____
Spouse or Other Responsible Party _____ Phone # _____
Email Address: _____ Spouse Email Address: _____
Street Address: _____ State: _____ Zip Code: _____
Workplace: _____ Workplace Phone # _____

Referred By:

Friend _____
 Internet Saw sign
 Phone book Other (please explain) _____

Pet Information

Pet's Name _____ Dog / Cat / Other _____ Breed _____ Color _____ Pet's DOB _____ Sex (circle one): M F Neutered (circle one): Yes No Usual Diet _____ Treats _____ Medical Conditions: _____ Current RX: _____	Pet's Name _____ Dog / Cat / Other _____ Breed _____ Color _____ Pet's DOB _____ Sex (circle one): M F Neutered (circle one): Yes No Usual Diet _____ Treats _____ Medical Conditions: _____ Current RX: _____	Pet's Name _____ Dog / Cat / Other _____ Breed _____ Color _____ Pet's DOB _____ Sex (circle one): M F Neutered (circle one): Yes No Usual Diet _____ Treats _____ Medical Conditions: _____ Current RX: _____
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Regular Veterinarian: _____
Regular Veterinarian Phone # _____

I UNDERSTAND THAT ALL FEES ARE TO BE PAID IN FULL AT THE TIME SERVICES ARE RENDERED.

Signature of Owner : _____ Date: _____

Clients are welcome to bring personal items for their pet's visit, however, Coastal Kennels is not responsible for lost or damaged items.