

NEW CLIENT REGISTRATION FORM

Welcome to Lakeland Veterinary Hospital! We would like to thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you have about your pet's health! To insure the best care possible, please take a few minutes to fill out this form completely.



REGISTRATION

Owner Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone #: _____ Cell Work Home

Additional Phone #: _____ Cell Work Home

Employer Name: _____

Spouse's Name: _____

Spouse's Phone #: _____ Cell Work Home

Employer Name: _____

Emergency Contact Name: _____ Phone #: _____

HOW DID YOU HEAR ABOUT US?

Yelp

Phone Book

Other Doctor/Hospital: _____

Employee: _____

Humane Society

Website

Mailer/Postcard

Client (please list name): _____

Other: _____

Google

Drove/Walked By

PATIENT #1 INFORMATION:

Pet Name: _____ Species: Cat Dog Other: _____ Date of Birth: _____

Breed: _____ Color: _____

Sex: Female Male Spayed/Neutered? Yes No Current on Vaccines? Yes No

Any previous surgeries or serious illnesses/diseases? _____

Any allergies to vaccines or medications? _____

Is your pet on any special diets or medications? _____

PATIENT #2 INFORMATION:

Pet Name: _____ Species: Cat Dog Other: _____ Date of Birth: _____

Breed: _____ Color: _____

Sex: Female Male Spayed/Neutered? Yes No Current on Vaccines? Yes No

Any previous surgeries or serious illnesses/diseases? _____

Any allergies to vaccines or medications? _____

Is your pet on any special diets or medications? _____

CONTINUED ON OTHER SIDE

PATIENT #3 INFORMATION:

Pet Name: _____ Species: Cat Dog Other: _____ Date of Birth: _____

Breed: _____ Color: _____

Sex: Female Male Spayed/Neutered? Yes No Current on Vaccines? Yes No

Any previous surgeries or serious illnesses/diseases? _____

Any allergies to vaccines or medications? _____

Is your pet on any special diets or medications? _____

AUTHORIZATION:

Do we have your authorization to email your pet's vaccine reminders or other periodic reminders?

Yes No N/A

Do we have your authorization to fax or verbally transfer records to another veterinarian, boarding or grooming facility, upon their request?

Yes No

I grant LVH permission to post my pet's picture, story and/or medical information on social media (when applicable).

Yes No

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pets. I assume responsibility for all charges incurred in the care of these animals. I understand that these charges must be paid at the time of release and a deposit may be required for treatments.

Signature of Owner/Agent: _____ **Date:** _____

For your convenience, we accept Cash, Checks, Visa, MasterCard, Discover, American Express and CareCredit



PREVIOUS OR REGULAR VETERINARIAN NAME: _____

PHONE #: _____