

Lafayette Animal Hospital, PLLC
New Client Registration Form

Owner's Name: _____ Date: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____
Employed by: _____ Work Phone: _____
Email address: _____
SSN# (Optional): _____ How did you hear about our hospital? _____
Spouse/Significant Other: _____
Spouse/Significant Other Cell #: _____

Pet's Medical History:

Pet's Name: _____
Purpose of visit: _____
Breed: _____ Age: _____ Sex: _____ Neutered?: _____
Color/Markings: _____
Vaccination History (including dates): _____
Is your pet currently on heartworm preventative?: _____
Is your pet presently on flea and tick preventative?: _____
Does your pet have any medical conditions or special medication? If so, what?: _____
Is your pet allergic to any medication/vaccination? If so, what?: _____
Is your pet micro-chipped? YES / NO (circle one)
Do you have any other pets you would like to add to your account while you're here today? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that all fees are due at the time services are rendered.

Preference of Payment: Cash: _____ American Express: _____
Visa: _____ Mastercard: _____
Personal Check: _____ Driver's License Number: _____

(Driver's License Number required if using a personal check)

I agree to pay for professional services and medications as they are rendered. The information on this form is true and accurate.

Signature of responsible party: _____ Date: _____

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet