

Lyon Veterinary Hospital

CLINIC USE ONLY

Acct #: _____ Staff: _____

Date: _____

Thank you for giving Lyon Veterinary Hospital the opportunity to care for your pet. So that we may become better acquainted, please provide the following information.

Client/Owner Information

Owner: Dr./Mr./Mrs./Ms. _____ Primary Phone: _____

Address: _____ Apt: _____ City: _____ State: _____

Zip: _____ County: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Driver's License: _____ State: _____ Date of Birth: _____

Spouse/Co-Owner Name: _____ Spouse/Co-Owner Phone: _____

Emergency Contact Name: _____ Number: _____

Please tell us how you found our hospital: LVH Website Hospital Sign Google Phone Book

Personal Recommendation - who may we thank? _____

Patient Information—Please provide the following information on each of your pets. If you have more than one, please ask for an additional form.

Name: _____ Species: Cat / Dog / Other _____ Age/Date of Birth _____

Breed: _____ Color/Markings: _____ Sex: Male / Female Altered? Y / N

Previous Veterinarian, so we may call to get records: _____

Current on Vaccines? Yes No

Current on Heartworm prevention? Yes No What brand? _____

On Flea/Tick prevention? Yes No What brand? _____

Allergic to any medications or vaccines? _____

Currently on any medications? Yes No If so, what kind? _____

Brand of Food: _____ How much food do you feed per day? _____

Does your pet have a Microchip? Yes No Microchip Number: _____

Authorization

I hereby authorize the veterinarians of Lyon Veterinary Hospital to examine, prescribe for and /or treat my pet(s).

I assume responsibility for all charges incurred in the care of this animal. I understand that all charges must be paid at the time of release and that a deposit may be required.

Owner Signature: _____ Date: _____