

New Client and Patient Information

Thank you for allowing us to care for your pet. To help us provide the best care possible, please fill out this form as completely as you can. We will be happy to answer any questions you may have.



Primary Owner/Agent				Date:
Title:	First Name:	M:	Last Name:	
Address:				
City:		State:	Zip code:	
Home Phone:		Cell Phone:	Work Phone:	
Email:	Driver's License #:		State:	SSN:
Occupation/Employer:				
Secondary Owner/Agent				
Title:	First Name:	M:	Last Name:	
Address:				
City:		State:	Zip code:	
Home Phone:		Cell Phone:	Work Phone:	
Email:	Driver's License #:		State:	SSN:
Occupation/Employer:				
Patient Information				
Name:		Species:	Breed:	
D.O.B./Age:		Color:		
Male Neutered	Male Intact	Female Spayed	Female Intact	
Indoor Only		Indoor/Outdoor	Outdoor Only	
Normal Diet (type/quantity):			Time of last feeding:	
Current Medications:			Last Given:	
Number of Pets in House:	Dog	Cat	Other	
Referring Veterinarian Information				
Doctor:		Hospital:		
Phone:		Fax:		

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment. I also understand that out-of-state checks and third party credit cards are not accepted.

Owner/Agent Signature: _____ Date: _____

I authorize LVVSC and its representatives to utilize this pet's name, photos, and case information for learning and marketing purposes, including, but not limited to: social media, website, lecture and marketing related materials. . Yes ___ No ___