

Lafayette Animal Hospital, PLLC
New Client Registration Form

Owner's Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Spouse/Significant other: _____ Work Phone: _____

Email address: _____ Spouse/Significant Other #: _____

How did you hear about our hospital? _____

Pet's Medical History:

Pet's Name: _____ Breed: _____

Age: _____ Sex: _____ Is your pet neutered? _____

Color/Markings: _____

Purpose of visit: _____

Is your pet current on vaccines?: _____

Is your pet currently on heartworm preventative?: _____ Brand: _____ Last Dose: _____

Is your pet presently on flea & tick preventative?: _____ Brand: _____ Last Dose: _____

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? _____

Reminders: With our ePet Health service we have the capability to email and text our clients.

Health Reminders: Please circle one of the following.

I prefer mailed reminders. I prefer emailed reminders. I prefer both.

Appointment Reminders: Please circle one of the following.

I prefer a telephone reminder. I prefer a text reminder.

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 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. 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