



Welcome to Our Practice

Owner's First and Last Name: Mr./Mrs./Ms./Dr. _____

Spouse's First and Last Name: Mr./Mrs./Ms./Dr. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Fax Number: (____) _____

Email Address: _____

What is the best way to contact you? **Home Phone** **Cell Phone** **Email** **Postal Mail**

Occupation/Employer: _____

Emergency Contact: _____

Emergency Contact Number: _____

How did you hear about us? (please circle all that apply)

Ridgemoor News **Lansbrook News** **East Lake Eagle** **drove by** **referred** **other:** _____

If referral, please give us their name so we can thank them! _____

Pet's Name: _____ **DOG** **CAT** **OTHER:** _____

Birthdate/Age: _____ Breed: _____ Color: _____

MALE **FEMALE** Spayed/Nutered? **YES** **NO** Microchipped? **YES** **NO** Weight: _____

Name of the hospital that we can request your pet's records from: _____

Does your pet have any medical conditions? Allergies? _____

What diet is your pet currently on? _____

Is your pet currently on heartworm prevention? **YES** **NO** Brand? _____

Is your pet currently on flea prevention? **YES** **NO** Brand? _____

Any other pets in your household? _____ dogs _____ cats _____ birds other: _____

I affirm that the information given herein is true and correct to the best of my knowledge. Payments are due at time services are rendered. We accept all major credit cards, debit, checks, and cash.

Signature: _____ Date: _____