LAKELAND VETERINARY HOSPITAL

PATIENT/CLIENT REGISTRATION

For Office Use Only
Client #: _____
Initials: _____
❑ ONC

Thank you for giving Lakeland Veterinary Hospital the opportunity to care for your pet(s).
So that we may become better acquainted, please take a moment to complete the following:

CLIENT INFORMATION Date_____

Name _____ Spouse's Name_____
LAST FIRST MI FIRST

Address _____ City_____ State_____ Zip_____

Place of Employment_____ Spouse's Place of Employment_____

Phone (____)_____ Work Phone(____)_____ Spouse's Work Phone(____)_____

Cell Phone (____)_____ E-mail Address* _____

All fees are due at the time services are rendered. We accept cash, check, Visa, Mastercard and Discover.

How did you become aware of our hospital? ❑Yellow pages ❑Hospital Sign ❑Website ❑Previous Client ❑Location ❑Humane Society ❑Professional Referral

Personal/Professional Recommendation - whom may we thank? _____

Previous Veterinarian and phone _____

PATIENT INFORMATION - ***Please supply information and/or dates for each pet***

	Pet #1	***Pet #2***	***Pet #3***
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Date of Birth			
Sex			
Altered (spayed or neutered)	YES NO	YES NO	YES NO
VACCINATION HISTORY - DOG			
DHPP (distemper)			
RABIES			
LYME			
BORDETELLA (kennel cough)			
HEARTWORM TEST/PREVENTION			
FECAL EXAM (intestinal parasites)			
VACCINATION HISTORY - CAT			
FVRCP (distemper)			
RABIES			
FELINE LEUKEMIA			
FELINE LEUKEMIA TEST			
FECAL EXAM (intestinal parasites)			

Any previous surgery or serious illness? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

*Do we have your authorization to email your pet's vaccination reminders or other periodic reminders? ❑ **Yes** ❑ **No** ❑ **N/A**

Do we have your authorization to fax or verbally transfer records to another veterinarian, upon their request? ❑ **Yes** ❑ **No**

Do we have your authorization to provide vaccine history to a boarding/grooming facility, upon their request? ❑ **Yes** ❑ **No**

_____
Client Signature