

New Patient Registration



Client Name: _____ Contact Ph. No: _____
Alternate No: _____

Address: _____
City, State, Zip: _____

Email Address: _____
Driver's License: _____ State: _____

Pet Name: _____ Male Female
Species: _____
Breed: _____ Spayed/Neutered?
Color: _____ Yes No
Birthdate: _____

| |
|---|
| How did you hear about us? <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Internet Where? _____ <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Recommendation *** |
|---|

Vaccine History (please give last date known)
Rabies: _____ Lyme: _____
Distemper: _____ Feline Leukemia: _____
Bordetella: _____ FIV/FELV Test: _____

Date of last heartworm test and results: _____ Negative Positive

Heartworm Prevention: _____ Date last given: _____
Flea Prevention: _____ Date last given: _____

Patient's diet: _____
Does patient have any medical conditions? _____

Is patient on medication? _____

Professional fees are due at the time services are rendered. We will gladly provide a written estimate for any services performed. Thank you for trusting Luv-N-Care Animal Hospital with your pet's health. Please ask a doctor or staff member if you have any questions.

Signature of Owner/Representative of Owner Date