Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible please take the time to fill in this form completely.

Registration

Owner's Name:_____ Spouse/Other:_____
Address:_____ City:_____ State:____ Zip:_____ E-Mail:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Employer's Name & Address:_____
Spouse/Other's Employer Name & Address:_____
At What Time:_____ And at what phone #:_____ Is it best to call about your pet?
In Case of An Emergency, Please Call:_____
Please describe other animals in the household: _____
_____
Reason for visit today: _____

Pet Health History

Pet's Name:_____ Date of Birth:_____
Type of Animal: ☐Dog ☐Cat Other:_____ Sex: ☐Male ☐Female
☐Neutered/Spayed
Breed:_____ Color:_____ Last Known Weight:_____
Vaccination History:_____
_____
Please Check Any Symptoms or Problems You Have Noticed About Your Pet:

☐ Behavior Problems	☐ Lack of Appetite	☐ Sneezing
☐ Bleeding Gums	☐ Limping	☐ Increase in Thirst or Urination
☐ Breathing Problems	☐ Loss of Balance	☐ Vomiting
☐ Coughing	☐ Scooting	☐ Weakness
☐ Diarrhea	☐ Scratching	☐ Weight Problem
☐ Eye Problems	☐ Seems Depressed	☐ Other:_____
☐ Gagging	☐ Shaking Head	_____

Current Medications or Chronic Medical Conditions, If Any:_____
_____
Describe Your Pet's Diet:_____

Referrals

How Did You Hear About Us: ☐ Friend/Family Member ☐ Phone Book ☐ Internet ☐ Other:_____
If you were referred by someone, who may we thank for the referral?_____

Financial Policy

We require full payment at the time services are rendered. We accept cash, checks*, Visa, MasterCard, Discover and debit. If, at any time, there is a question relating to fees, do not hesitate to ask the doctor.
If you plan to pay by check we ask that you also provide the following information:
SS#:_____-_____-_____ Driver's License #:_____
* No Starter Checks, Third Party Checks or checks drawn on a "non-local" bank. We do require a photocopy of your Driver's License and your social security number for the first time we accept a check. All checks are subject to bank approval. Any returned checks are subject to a $25 returned check fee and must be resolved in cash, Visa, MasterCard, Discover or Cashier's Check.

"***The client agrees that any amount unpaid after thirty days will be subject to interest at the rate of 18% per year (1.5% per month) until such unpaid amount is paid in full. Additionally, customer will be responsible for the reasonable cost of collection of any such unpaid amounts, including collection and attorney's fees."***

I have read and understand the financial policies of Lockridge Animal Hospital outlined above:

Signature of Owner_____ Signature of Co-Owner_____