

# 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: \_\_\_\_\_

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