



WELCOME TO



Lewiston Veterinary Clinic



Client Information

Your Name: _____	Spouse's Name: _____
Address: _____	City: _____ State: _____ Zip: _____
Home/Cell Phone: _____	Work/Other Phone: _____
Social Security #: _____	E-mail: _____
Your Employer: _____	Spouse's Employer: _____

Pet Information

Pet Name: _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____
Breed: _____	Color: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: _____	Date of Birth: _____ <input type="checkbox"/> Unknown
Last Vaccination: _____	Date Given: _____
Reason for visit: _____	

Pet Name: _____	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other: _____
Breed: _____	Color: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: _____	Date of Birth: _____ <input type="checkbox"/> Unknown
Last Vaccination: _____	Date Given: _____
Reason for visit: _____	

* If this is an emergency, your regular veterinarian: _____

Payment Method Cash Check Visa Discover Master Card American Express Care Credit

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

I hereby authorize the release of medical records from _____ (Veterinary hospital or boarding establishment).

Signature of client responsible for pet(s) _____ **Date:** _____