



Lantana Animal Hospital

We provide pawsitively purrfect pampering for pets and their people

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

NEW CLIENT REGISTRATION

Owner Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Can we send text Messages regarding your pets health? Yes No

Email Address: _____

Employer: _____ Work Phone: _____

Preferred Contact Phone: Home Phone Cell Phone Work Phone

Drivers's License Number: _____ State: _____ DOB: _____

Secondary
Owner Name: _____ Relationship: _____
Address: _____

City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

I authorize the following people to make medical decisions for or request medical information about my pet(s):

Name: _____ Relationship: _____
Name: _____ Relationship: _____

I give permission for Lantana Animal Hospital to post pictures of my pet(s) on their website, Facebook and/or other social media sites. (I understand that my name and personal information will not be released) Yes No

I authorize Lantana Animal Hospital to obtain my pet's medical records from:

Name of Veterinary Hospital: _____
Address: _____

City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

How did you choose our hospital?

- Website Google Search Drive By Location Saw Advertisement paper Received Postcard in mail
 Referred by: _____ Other: _____

Payment is due when services are rendered and/or patient is released. A prepayment may be required for in-hospital treatment or surgery. *For your convenience, we accept the following methods of payment:*
Cash Check Mastercard Visa American Express Care Credit

Client Signature: _____
Date: _____