

(504) 837-1730
 Fax (504) 837-1731




 "Your Pets
 Deserve The Best"

PATIENT AND CLIENT INFORMATION SHEET

*Thank you for giving Lake Animal Hospital the opportunity to care for your pet.
 So that we may become better acquainted, please complete the following:*

MR. / MRS. / DR. / MS.
 OWNER (S) _____ SPOUSE'S _____
LAST FIRST INITIAL LAST FIRST INITIAL

ADDRESS _____
CITY STATE ZIP CODE

RESIDENCE PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____ / _____ ADDRESS _____
EMPLOYER TITLE

IF NECESSARY, MAY WE CALL YOU AT WORK? YES NO

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? YELLOW PAGES HOSPITAL SIGN OTHER
 PERSONAL RECOMMENDATION - WHO MAY WE THANK? _____
NAME

**PLEASE BE AWARE ALL FEES ARE DUE UPON RELEASE OF PATIENT.
 (Cash, Checks, Visa, and Master Card are accepted.)**

PET INFORMATION (Please fill in the following for your pet.)

	PET 1	PET 2	PET 3
NAME			
SPECIES Cat, Dog, Other			
BREED			
DESCRIPTION			
DATE OF BIRTH			
SEX			
ALTERED			
DATES VACCINATED			
DHLP (Dog)			
PARVOVIRUS (Dog)			
FVRCP (Cat)			
RABIES (Both)			
HEARTWORM TEST			
FECAL CHECK (Worms)			
FELEUK TEST (Cat)			
FELEUK VACCINE			
ON HEARTWORM PREV.?			
DIET?			