



New Client Form

Welcome!!!!

Thank you for allowing our office to care for your pet. We look forward to working with you to support your pet's health and well-being.

Please bring all medical records with you or have them forwarded from your previous veterinarian prior to your appointment. They can be faxed or emailed to (301) 871-4381 or info@layhillanimalhospital.com.

Client Information

Today's Date: _____

Owner Name:		
Street Address:		Apt #:
City:	State:	Zip Code:
Primary Phone #: Cell _____ Home _____ Work _____ Check the best number to contact you if multiple numbers are given. ☐		E-Mail:
Preferred Contact Method: ☐ Phone ☐ Text ☐ Email		
Name, Spouse/Partner:	Phone #: Cell _____ Home _____ Work _____ ☐	
Emergency Contact: (e.g. Parent, Child, Friend)	Phone ☐ Cell ☐ Home ☐ Work	
How Did You Hear About Us? ☐ Google Search ☐ Facebook ☐ Referral ☐ Other If Other or Referral, Specify:		

Deposit Requirements and Cancellations

A deposit is required of **\$77** when making an initial appointment with our practice. Deposits are applied to your first visit balance.

Surgical procedures are charged a **\$150 deposit fee**.

Cancellations are accepted via phone or email 24 or more hours before the appointment for the deposit to be returned in full.

Authorized Signature

I certify that the information provided is accurate to the best of my knowledge, and I authorize Layhill Animal Hospital to examine and treat my pet as needed.

Signature: _____

Date: _____



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Pet Information

Pet #1 Name: _____

Date of Birth	
Type of Animal	☐ Dog ☐ Cat
Breed	
Sex	☐ Male ☐ Female
Spayed/Neutered	☐ Yes ☐ No ☐ Unknown
Description/Colors/Markings	
Microchip	

Pet #2 Name: _____

Date of Birth	
Type of Animal	☐ Dog ☐ Cat
Breed	
Sex	☐ Male ☐ Female
Spayed/Neutered	☐ Yes ☐ No ☐ Unknown
Description/Colors/Markings	
Microchip	

Pet #3 Name: _____

Date of Birth	
Type of Animal	☐ Dog ☐ Cat
Breed	
Sex	☐ Male ☐ Female
Spayed/Neutered	☐ Yes ☐ No ☐ Unknown
Description/Colors/Markings	
Microchip	☐ Yes ☐ No If yes, #

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