

DWIGHT-PINE BLUFF-LAKEWOOD ANIMAL HOSPITALS, L.L.C.

CLIENT INFORMATION

THANK YOU FOR CHOOSING OUR CLINIC FOR YOUR PET'S NEEDS.

PLEASE TAKE A MOMENT TO COMPLETE THIS FORM SO WE MAY BETTER SERVE YOU.

Today's Date: _____

Name: _____ Date of Birth: _____
Last First Middle

Spouse's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Best time to reach you: _____ TEXT MESSAGING: ___ YES ___ NO

E-mail address: _____

Drivers License No.: _____

Place of Employment: _____ Work Phone: (____) _____ - _____

Spouse's Place of Employment: _____ Work Phone: (____) _____ - _____

How did you hear about our Hospital? ___ Yellow Pages ___ Radio ___ Sign ___ Newspaper ___ Internet

___ Friend: Name _____ Other _____

Payment Preference: ___ Cash ___ Check ___ Debit Card ___ Credit Card ___ Care Credit

Pet's Name _____ Date of Birth _____ Breed _____ Color _____

___ Dog ___ Cat ___ Other _____ Sex: ___ Male ___ Neutered: ___ Yes ___ No
___ Female ___ Spayed: ___ Yes ___ No

Has your pet ever been vaccinated or tested for:

	YES	NO	IF YES, WHERE AND WHEN
Dog: Rabies – 1yr or 3 yr	___	___	_____
Distemper (DHLP-P)	___	___	_____
Heartworm	___	___	_____
Intestinal Parasites (stool ck)	___	___	_____
Other (Bordetella, Lyme, etc)	___	___	_____
Cat: Rabies – 1yr or 3 yr	___	___	_____
Distemper (FVRCP)	___	___	_____
Leukemia	___	___	_____
Intestinal Parasites (stool ck)	___	___	_____

Any significant medical history or known allergies? _____

By signing below, I give consent for Lakewood Animal Hospital to use photographs of my pet(s) for posts on the Lakewood Animal Hospital's Facebook and website. If photographs are used for education of a medical condition, no names will be used to maintain client-patient-veterinarian confidentiality.

Signature: _____ Date: _____