NEW CLIENT INFORMATION

Owner: _____ Spouse/Additional Owner: _____

Address: _____

Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Cell Phone: _____

Owner Date of Birth: _____

Additional Authorized Contact Name and Number: _____

You authorize us to speak to this person about your pet's care in the event we cannot reach you.

Email: _____

We value your personal information. Your email will only be used for notifications from Labahn Veterinary Hospital.

SSN# or Drivers' License Number: _____

Place of Employment and Phone Number: _____

What social media platforms do you use? ☐ Facebook ☐ Twitter ☐ Instagram ☐ LinkedIn ☐ Google +

How did you hear about us? ☐ Family / Friend ☐ Website ☐ Google / Online Search ☐ Driving/Walking by

If you were referred by a client, please tell us who so we can say thank you. _____

NEW PATIENT INFORMATION

Pet's Name: _____ Pet's Name: _____

☐ Dog or ☐ Cat Breed: _____ ☐ Dog or ☐ Cat Breed: _____

Sex: ☐ Male ☐ Neutered or ☐ Female ☐ Spayed Sex: ☐ Male ☐ Neutered or ☐ Female ☐ Spayed

Color: _____ Birthday/Age: _____ Color: _____ Birthday/Age: _____

Previous Health Issues: _____ Previous Health Issues: _____

_____ _____ _____ _____

Name and number of your pets' previous veterinarian? _____

We love social media! We would like your consent to share your pets' image on our social media and website.

Your full name and personal information will never be used. ☐ Yes, please make my pet a star!!

☐ No thank you, my pet is shy.

If cancelling a surgical appointment, we ask for 48 hours' notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

Current vaccinations are required by Labahn Veterinary Hospital before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet (s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of service. I recognize that financial concerns should be discussed prior to exam and treatment. For your convenience we accept Visa, Mastercard, American Express, Discover, Care Credit, cash and checks with proper identification. Please stop at the reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient (s) listed above.

_____ _____

Signature: Date: