



Welcome



We are pleased to welcome you to Labahn Veterinary Hospital. Please take a few minutes to fill out this form as completely as you can. If you have questions we will be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Name: _____ Date: _____
Last First M. Initial

Soc. Security # -or- Driver's License #: _____

Spouse or Co-owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt. Phone #: _____

Place of Employment: _____

Place of Employment Phone #: _____

Pet Information

1. Pet's Name: _____ Dog Cat
Breed: _____ Color: _____
Age/Birthdate: _____ Male Female
Is your pet spayed/neutered? _____

2. Pet's Name: _____ Dog Cat
Breed: _____ Color: _____
Age/Birthdate: _____ Male Female
Is your pet spayed/neutered? _____

3. Pet's Name: _____ Dog Cat
Breed: _____ Color: _____
Age/Birthdate: _____ Male Female
Is your pet spayed/neutered? _____

*Any additional pets, please list their information on the back of this form.

Payment

Payment is due at time of service. The hospital staff will gladly prepare a written estimate of service fees if so requested. I understand that I am requesting veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided. All pets I have listed are my responsibility and I accept ownership rights for them. If I wish to transfer ownership rights of any pet to another individual I will be responsible for releasing the pet's records.

Signature: _____

Date: _____