

## Client Registration Form

WELCOME TO **LEESVILLE ANIMAL HOSPITAL**  
WE WANT TO BE "YOUR PET'S CHOICE" FOR TOTAL ANIMAL CARE!  
IN ORDER TO PROVIDE YOU WITH THE BEST OUR TEAM HAS TO OFFER,  
PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE.  
THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET!

OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
PREVIOUS VETERINARIAN (WHERE RECORDS MIGHT BE OBTAINED, IF NEEDED)  
\_\_\_\_\_

PLEASE LIST ANY INDIVIDUALS BESIDES THOSE NOTED ABOVE AUTHORIZED TO PICK UP YOUR PET FROM OUR HOSPITAL IN YOUR ABSENCE \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ CANINE \_\_ FELINE \_\_ OTHER \_\_\_\_\_  
BREED: \_\_\_\_\_ COLOR \_\_\_\_\_ D. O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MALE \_\_ MALE/NEUTERED \_\_ FEMALE \_\_ FEMALE/SPAYED \_\_  
WEIGHT \_\_\_\_\_ WHERE/HOW HOUSED \_\_\_\_\_  
CURRENT MEDICATIONS : INTERCEPTOR \_\_ INVERHART \_\_ FRONTLINE \_\_  
PROMERIS \_\_ REVOLUTION\_\_  
OTHER MEDS \_\_\_\_\_

I HEREBY AUTHORIZE THE VETERINARIANS TO EXAMINE, PRESCRIBE FOR, AND TREAT MY PET(S) AND I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY ANIMAL(S). I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED BEFORE TREATMENT BEGINS.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IS THERE A PREFERRED METHOD OF PAYMENT? CASH\_\_ VISA\_\_  
MASTERCARD\_\_

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