



# Welcome

## 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 \_\_\_\_\_

SPOUSE/CO-OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS VETERINARIAN (WHERE RECORDS MIGHT BE OBTAINED IF NEEDED?) \_\_\_\_\_

DO YOU HAVE AN E-MAIL ADDRESS THAT WE MAY USE TO SEND YOU OCCASIONAL HEALTH INFORMATION \_\_\_\_\_

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

PATIENT _____	CANINE <input type="checkbox"/>	FELINE <input type="checkbox"/>	OTHER _____	
BREED _____	COLOR _____	D.O.B. _____		
MALE <input type="checkbox"/>	MALE/NEUTERED <input type="checkbox"/>	FEMALE <input type="checkbox"/>	FEMALE/SPAYED <input type="checkbox"/>	CLIENT # _____
WEIGHT _____	WHERE HOUSED _____			
CURRENT MEDICATIONS	INTERCEPTOR <input type="checkbox"/>	IVERHART <input type="checkbox"/>	FRONTLINE <input type="checkbox"/>	PROMERIS <input type="checkbox"/>
OTHER MEDS				REVOLUTION <input type="checkbox"/>

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 \_\_\_