

Welcome to Lewisburg Animal Hospital

Client Information:

Name _____ Spouse _____ Date _____
Address _____ City _____ Zip _____
E-mail _____ SSN _____ (required if paying with check)

Please check the box by your preferred contact phone number.

If you use your cell as your home number, please list it as both the cell and home numbers.

[] Home Phone # _____ [] Cell # _____ [] Work # _____

Other Methods of Contact (ex. spouse cell) _____

- Do you authorize communication by Text? Yes No
- Do you authorize communication by e-mail? Yes No
- Preferred Secondary Method of Communication: Text _____ Email _____ Automated Voice _____

How did you hear about Lewisburg Animal Hospital? _____

Whom may we thank for your referral? _____

Patient Information:

1. Name: _____ {Canine / Feline} {Male/Female} {Spayed/Neutered} Age or DOB: _____
Breed: _____ Color: _____ Medical Condition: _____
Medications: _____ Previous Hospital: _____

2. Name: _____ {Canine / Feline} {Male/Female} {Spayed/Neutered} Age or DOB: _____
Breed: _____ Color: _____ Medical Condition: _____
Medications: _____ Previous Hospital: _____

3. Name: _____ {Canine / Feline} {Male/Female} {Spayed/Neutered} Age or DOB: _____
Breed: _____ Color: _____ Medical Condition: _____
Medications: _____ Previous Hospital: _____

4. Name: _____ {Canine / Feline} {Male/Female} {Spayed/Neutered} Age or DOB: _____
Breed: _____ Color: _____ Medical Condition: _____
Medications: _____ Previous Hospital: _____

******* All Fees Are Due When Services Are Rendered *******

*Payment is expected when services are performed. Delinquent accounts may accrue collection fees, attorney fees and court costs. All past due accounts are turned over to collections after 60 days.