

For Office Use Only:					
<ul> <li>VA Disclos</li> </ul>	sure 🗍				
<ul> <li>Reminder</li> </ul>	s 📄				
<ul> <li>Informati</li> </ul>	on 📙				

## **New Patient Information Form**

Date \_\_\_\_\_

Welcome to Lansdowne Animal Hospital. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the hospital. To help us serve you better, please provide us with the following information. All information obtained is confidential and for the purposes of recordkeeping.

Client Name	Spouse/Co-Owner Name					
Address			City		itate	Zip
Email Address		Best no. to read	h you by:	Home Phone		
Cell Phone	Work Phor	ne	Place of Employment _			
Social Security # or Drivers Lice	nse # (required for	check writing pur	poses)			
Spouse/Co-Owner Cell Phone_		S	pouse/Co-Own	er Work Phone		
Spouse/Co-Owner Place of Emp	oloyment					
How did you choose our practice	e? □ Personal Re	commendation (w	vhom may we tl	nank?)		
☐ Internet Search ☐ Phone bo	ook □Passed by/	Proximity to home	e □ Direct Mai	il/Advertisement □	Event	
	_					
Patient Information Name	Pet		Pet		Pet	
Breed						
Date of Birth						
Color						
Sex (Circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Microchipped?		Nο		No	Yes	No
Last Heartworm Prevention						
Previous						
Name Veterinarian						
Hospital Information						

At Lansdowne Animal Hospital we abide by doctor/patient confidentiality. As such we would like your permission to communicate appropriate information as the need arises with the following establishments. We are required to divulge Rabies information to Animal Control.

Any allergies to vaccinations or medications?

☐ Boarding/grooming fac	ilities   Other veterinaria	ans   None, contact me if anyone requests information about my pet
We send reminders for yo  ☐ Mail only		w would you prefer to receive these notifications? □ Both
Payment is required at t	ime of service. We accept c	eash, Visa, MasterCard, Discover, and check. Thank you.
Signature of Owner		Signature of Co-Owner