

Welcome to Lake Worth Animal Hospital

Thank You For Coming!

New Client Form

Owner's Name _____ Spouse/Co-Owner _____

Address _____ City _____ St _____ Zip _____

Phone (H) _____ (W) _____ (Cell) _____

Employer's Name _____ Email Address _____

How were you referred to us? Yellow Pages ___ Walk-by ___ Website ___

Google ___ Other _____ Individual: Who can we thank? _____

What is your Pet Insurance Carrier: _____

All Fees are Due at the time that Services are Rendered

Sorry No Checks Accepted

Canine Information

Pet's Name _____ Date of Birth _____ Age _____

Type of Breed _____ Color _____ Weight _____

Male ___ Neutered ___ Female ___ Spayed ___

Date of Last Vaccines: _____ DHLPP (Canine Distemper/Parvo)

_____ CORONA

_____ RABIES

_____ BORDETELLA (Kennel Cough)

_____ Fecal (results) _____

_____ Heartworm Test (results) _____

Allergies _____ Microchip _____

The last veterinary facility that treated your pet? _____

Has your pet ever had a reaction to vaccines or medication? _____

If yes please explain _____

List Current Medications _____

Owner's Signature: _____ Date _____