

INFORMATION CARD

Date _____ Email _____
Owner's Full Name _____ Ph#(H) _____ Ph#(W) _____ Ph#(C) _____
Spouse _____ Ph#(W) _____ Ph#(C) _____
Address _____ City _____ County _____ Zip _____
Owner's SS _____ or DL# _____ Owner's DOB _____
Employer's Name & Address _____

PET INFORMATION

Name _____ Birthdate _____ Dog Cat Other _____
Breed _____ Color _____ Male Female Spayed Neutered
Date of Last Exam? Vaccinations _____ Previous Vet/Clinic _____
Names of Products used for Heartworm Prevention _____ Flea Control _____
Any past serious illness/surgery? Yes No Any allergic reaction to vaccinations/medicines? Yes No
(If yes to any of the above, please explain) _____

How did you find Lassiter Animal Hospital? Referred by _____
 I am already a client. Other pet's names _____