

## INFORMATION CARD

Date \_\_\_\_\_ Email \_\_\_\_\_  
Owner's Full Name \_\_\_\_\_ Ph#(H) \_\_\_\_\_ Ph#(W) \_\_\_\_\_ Ph#(C) \_\_\_\_\_  
Spouse \_\_\_\_\_ Ph#(W) \_\_\_\_\_ Ph#(C) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

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