

# 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\***

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