

Acct. # \_\_\_\_\_



**LEBANON SMALL ANIMAL CLINIC, INC.  
CLIENT/PATIENT INFORMATION**

DATE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

We would like your e-mail address so we can send reminders for your pet and newsletters to you: \_\_\_\_\_

**Alternate individual authorized to present pet for treatment:** \_\_\_\_\_  
**Their Phone Number:** \_\_\_\_\_

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICE ARE RENDERED. WE ACCEPT CASH, CHECK (WITH ID), AND ALL MAJOR CREDIT CARDS. WE WILL GLADLY PREPARE A WRITTEN ESTIMATE IF YOU DESIRE. PLEASE ASK THE RECEPTIONIST OR DOCTOR.**

**For Office Use:**  
Driver's License #/State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Initial \_\_\_\_\_

**How did you first hear of our clinic?** Sign  Phone Book  Website  Mailing   
Shelter  Lebanon Equine Client  Other  \_\_\_\_\_

Referral  Someone we may thank? \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ (DOG/CAT/OTHER) SPECIES: \_\_\_\_\_

MALE  FEMALE

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ SEX: SPAY/NEUTERED

LENGTH OF DATE LAST MICROCHIPPED: YES  NO   
TIME OWNED: VACCINATED: NUMBER: \_\_\_\_\_

PRIOR SURGERY: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

HEARTWORM PREVENTION: Y  N  BRAND \_\_\_\_\_

**SECOND PET:**

PET'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ (DOG/CAT/OTHER) SPECIES: \_\_\_\_\_

MALE  FEMALE

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ SEX: SPAY/NEUTERED

LENGTH OF DATE LAST MICROCHIPPED: YES  NO   
TIME OWNED: VACCINATED: NUMBER: \_\_\_\_\_

PRIOR SURGERY: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

HEARTWORM PREVENTION: Y  N  BRAND \_\_\_\_\_