

LOWERY ANIMAL HOSPITAL
CLIENT INFORMATION

Thank you for giving us the opportunity to care for your animal(s). Please fill out the following form completely.

OWNER'S NAME _____ SPOUSE _____
ADD. PERSON AUTHORIZED TO MAKE MEDICAL DECISIONS _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE# (____) _____ SPOUSE/ALT. PHONE #(____) _____
E-MAIL ADDRESS _____

OWNER'S DRIVER'S LICENSE # _____
ISSUING STATE _____ DATE OF EXPIRATION _____
EMPLOYER _____
EMPLOYER ADDRESS _____
WORK # (____) _____ EXT. _____

REFERRED BY _____ OR ___ YELLOW PAGES, OR
___ DROVE BY, OR OTHER _____

Upon request, we will gladly prepare an estimate before any services are performed.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

Lowery Animal Hospital is asking permission to use photographs/videos taken by staff for use on social media, publications, news releases, online, and in other communications related to our mission.

___ Allow Permission
___ Decline Permission

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the following page(s). Furthermore, I agree to pay for fees for services rendered at the time the pet is discharged from the hospital. I agree to pay for the costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent.

SIGNATURE _____ DATE _____

**LOWERY ANIMAL HOSPITAL
PATIENT INFORMATION**

PET NAME _____ **OWNER'S LAST NAME** _____

PET'S DATE OF BIRTH _____ **K-9** _____ **FELINE** _____

BREED _____

MALE _____ **FEMALE** _____ **SPAYED** _____ **NEUTERED** _____

COLOR/MARKINGS _____

IS YOUR PET MICROCHIPPED? YES _____ **NO** _____ **MICROCHIP #** _____

PREVIOUS HOSPITAL/CLINIC _____

ADDRESS _____ **STATE** _____ **ZIP** _____

TELEPHONE # () _____

MAY WE CALL TO GET YOUR PET'S RECORDS? YES _____ **NO** _____

IS YOUR PET CURRENT ON VACCINES? YES _____ **NO** _____

BRAND OF FOOD FED _____ **AMOUNT FED** _____

DO YOU GIVE YOUR PET TREATS? YES _____ **NO** _____

LIST ALL DAILY/WEEKLY MEDICATIONS AND THE DOSAGE FOR EACH:

IS YOUR PET ON HEARTWORM PREVENTATIVE? YES _____ **NO** _____

**IF YES, WHAT KIND OF PREVENTATIVE AND WHEN WAS THE LAST TIME YOU
GAVE IT?** _____

IS YOUR PET ON FLEA PREVENTATIVE? YES _____ **NO** _____

**IF YES, WHAT KIND OF PREVENTATIVE AND WHEN WAS THE LAST TIME YOU
GAVE IT?** _____

MEDICAL HISTORY-PRIOR ILLNESS OR SURGERY _____
