

LINCOLN SQUARE VETERINARY HOSPITAL

OWNER-PATIENT REGISTRATION FORM

OWNER INFORMATION

DATE: _____

- Name _____
- Address: _____ Apt Number: _____
- City: _____ State: _____ Zip Code: _____
- E-Mail Address: _____
We will never share your email address. Please add reception@lsvets.com to your "safe" or "trusted" list
- Phone Numbers
 Home: _____ Cell : _____ Work Tel: _____
Please provide all relevant telephone numbers. Check the number at which you prefer us to reach you.
- Spouse/Second Contact Name : _____ Contact Tel: _____

Has Lincoln Square Veterinary Hospital ever treated any of your pets in the past? Yes No

WHAT FACTORS INFLUENCED YOUR DECISION TO COME TO US?

Proximity Doctors' Reputation/Credentials Postcard Mailing

Our Website: LSVets.com

Friend's Recommendation (Name) _____

Google Bing Yelp Superpages

PATIENT INFORMATION:

- Pet Name: _____ Species: Feline Canine Other _____
 - Breed: _____ Color: _____ Birthdate: _____ Sex: Female Male
- Is your pet neutered/spayed? YES NO

CATS:

Has your cat been tested for FeLV/FIV (Feline Leukemia Virus & Feline Immunodeficiency Virus) Yes No

Rabies date _____ FVRCP date _____ FeLV date _____

DOGS:

Are you giving your dog monthly heartworm preventative? Yes No

Rabies date _____ DHL-Parvo date _____ Lyme date _____

Medications your pet is currently taking: _____

Known Drug or Vaccine Allergies: _____

Previous Medical or Surgical Problems: _____

Current Reason for Office Call: _____

Method of Payment: _____