

Welcome to Lyncourt Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete the information sheet.

Completed forms can be emailed to us directly at: info@lyncourtveterinaryhospital.com

Owner's Name _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Driver's License Number (if paying by check) _____

Employer _____

In case of an emergency, please call _____

How did you hear about our hospital? Hospital sign _____ Internet _____

Other _____ Referred by another client _____

**PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.
WE CANNOT BILL DIRECTLY FOR ANY REASON. WE WILL
ACCEPT PAYMENT BY CASH, CHECK, OR CREDIT CARD. A
VALID DRIVER'S LICENSE OR SHERIFF'S ID WILL BE
REQUIRED FOR PERSONAL IDENTIFICATION.**

Pet Information

Pet Name _____ Canine/Feline Birth Date _____

Breed _____ Colors _____

Male/Female Neutered/Spayed/No

Dates of last preventative care

Canine vaccines/Tests: Distemper _____ Rabies _____

Lyme _____ Bordatella _____ Fecal _____ Heartworm _____

Feline vaccines/Tests: Distemper _____ Rabies _____

Leukemia _____ Fecal _____ Leukemia/FIV _____

Medical History

Has your pet ever had any of the following?

Heart condition Diabetes Bleeding disorder Respiratory condition

Pain or mobility problem Skin problem Dental disease Seizures

Kidney disease Liver disease Hormone imbalance Vision loss

Ear problems

Do you travel out of state with your pet? **Yes** **No**

Is your pet receiving any prescription medication, including heartworm preventative?

Please list: _____

Is your pet receiving any over-the-counter medication (aspirin, antihistamines, vitamins, herbal remedies)?

Please list: _____