



Animal Hospital of Lanesville Registration



Primary Owner Name: _____

(The name the pet will be registered under at our clinic)

Secondary Owner Name: _____ Relationship: _____

(This person will have access to your pets' records)

Driver's License # (Required): _____ Date of Birth (Required): _____

Address: _____

City/State/Zip: _____

Email: _____

Cell Number: _____ Additional Number: _____

(This is where reminders and lab results will be sent)

May we post pictures of your pet online, ex: Facebook, etc.? (Circle): Yes No

Preferred Method of Contact (Circle): Phone Call Text Email

How were you referred? _____

(Name if current client here for their \$25 referral credit)

____ (Initial) I understand that full payment is due at the time of service, and in some cases, a cash deposit will be required. (We accept Mastercard, Visa, American Express, Discover, Care Credit, Cash, Check, or Scratch Pay.)

____ (Initial) Animal Hospital of Lanesville has my permission to inform other facilities of the health status of my pet. (Other veterinarians, boarding, grooming).

____ (Initial) Per Federal Law, I am aware that my pet **MUST** be current on **RABIES VACCINE**. If I cannot provide proof of a current rabies vaccine, one will be administered to my pet *at my expense*.

Print Name: _____ Sign Name: _____ Date: _____