

# LYON VETERINARY HOSPITAL

## Client Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

- Please Circle your Primary Contact Number

Other Contact Name: \_\_\_\_\_  Spouse  Friend  Other

Other Contact: Primary Phone Number: \_\_\_\_\_

How did you learn about our hospital?  *Yellow Pages* Phone Book  *Names & Numbers* Phone Book  Sign  
 [www.lyonvethospital.com](http://www.lyonvethospital.com)  Internet Search  Facebook  A Friend \_\_\_\_\_

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## Pet Information

Name: \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Gender:  Male  Neutered Male  Female  Spayed Female

Current on Vaccines?  Yes  No  I do not know

On Heartworm Prevention?  Yes  No

On Flea/Tick Prevention?  Yes  No

Allergic to any medications or vaccines?  Yes  No If yes, what? \_\_\_\_\_

Currently on any medications?  Yes  No Drug \_\_\_\_\_ For \_\_\_\_\_

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I hereby authorize the veterinarian of Lyon Veterinary Hospital to examine, prescribe for, or treat my pet(s) described on this form. I understand that I am responsible for all charges incurred in the care of my animal(s). I also understand that all charges will be paid in full at the time services are rendered and that a deposit may be required for all extensive treatment.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Client Information**

Name: \_\_\_\_\_

**Pet Information**

Name: \_\_\_\_\_ O Dog O Cat O Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday/Age: \_\_\_\_\_

Gender: O Male O Neutered Male O Female O Spayed Female

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On Flea/Tick Prevention? O Yes O No

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