

Lytle Veterinary Clinic

Owner Information

PLEASE PRINT AND FILL OUT COMPLETELY! IT IS IMPORTANT TO YOUR PETS HEALTH

Name _____ Spouse/Other _____ Home Phone _____

Address _____ City, State _____ Zip _____

Employer _____ Work Phone _____
(Business Name If Self Employed)

Spouse Employer _____ Work Phone _____
(Business Name If Self Employed)

Driver's License # _____ Social Security # _____
(Please provide if you are paying with Check if not provided check will not be accepted.)

Pager # _____ Cell Phone # _____ Email Address _____

Your Pets' Information

	#1	#2	#3
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both
Pet's Name			
Breed			
Date of Birth			
Color			
Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Vaccinations			
Hospital Name where last Vaccinated			
Special Diets or Meds			
Previous Illness/Surgery			

How did you become aware of our practice? Dr. Referral Personal Recommendation Sign Yellow Pages Dog/Cat Show Other

Referral, By whom? Name _____ If Dr., Clinic name & phone _____
(Who may we thank for referring you?)

Things you want us to know about your pet: _____

FINANCIAL POLICY

In order to maintain high quality veterinary care while keeping out cost under control,
ALL FEES ARE DUE UPON COMPLETION OF SERVICES.

Please indicate you choice of payment: Cash Check Visa MC Discover

I authorize this Lytle Veterinary Clinic to acquire any medical or surgical records from my previous veterinarian and/or send copies of any medical or surgical records to any veterinarian and/or pet grooming shop as requested.

Signature _____ Date _____
(At your request, we will gladly provide you with a written estimate of fees before care is provided.)