

REGISTRATION FORM
LILLINGTON VETERINARY HOSPITAL

Date _____

Owner's Name _____ Spouse/Other _____

Mailing address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ok to call? _____

Cell phone _____ E-mail address _____

Employer's name _____

Spouse's/other's employer _____

At what time and what phone # is best to call about your pet? _____

In case of EMERGENCY, is there an alternative person or number we can call? _____

How did you find out about us? (if someone referred you, please list their name) _____

Pet No. 1

Name _____

Birth date or age: _____

Species: Cat ___ Dog ___ Other _____

Breed _____ Color _____

Sex ___ Neutered/Spayed ___ When _____

Is pet on heartworm prevention? _____

Last vaccine date for Rabies _____

Previous vet: _____

Contact # for vet: _____

Is he always confined? _____

Never outside? ___ Any other pets? _____

Any previous problems? _____

Pet No. 2

Name _____

Birth date or age: _____

Species: Cat ___ Dog ___ Other _____

Breed _____ Color _____

Sex ___ Neutered/Spayed ___ When _____

Is pet on heartworm prevention? _____

Last vaccine date for Rabies _____

Previous vet: _____

Contact # for vet: _____

Is he always confined? _____

Never outside? ___ Any other pets? _____

Any previous problems? _____

If you are interested in establishing credit privileges, please mark here and a staff member will help you fill out the CARECREDIT information. _____ (This is a credit card)

Method of payment today: Cash ___ Check ___ Visa/MasterCard ___ Carecredit ___

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of discharge and that a deposit may be required before treatment is performed.

Signature and date

You must be 18 years of age or older to register as an owner