

**REGISTRATION FORM**

**LILLINGTON VETERINARY HOSPITAL**

*YOU MUST BE 18 YEARS OF AGE OR OLDER TO REGISTER AS A OWNER*

**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 \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_ DOB \_\_\_\_\_

Employer's Name \_\_\_\_\_

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

In case of an EMERGENCY, is there an alternative person we can call? \_\_\_\_\_

How did you find out about us?(Who can we thank for this referral?) \_\_\_\_\_

**Pet No. 1**

**Pet No. 2**

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

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

Birth date or age: \_\_\_\_\_

Birth date or age: \_\_\_\_\_

Species: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Species: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_ at age \_\_\_\_\_

Sex: \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_ at age \_\_\_\_\_

Is this pet on heartworm prevention? \_\_\_\_\_

Is this pet on heartworm prevention? \_\_\_\_\_

Last date for Rabies vaccine? \_\_\_\_\_

Last date for Rabies vaccine? \_\_\_\_\_

Previous Vet: \_\_\_\_\_

Previous Vet: \_\_\_\_\_

Contact # for Vet: \_\_\_\_\_

Contact # for Vet: \_\_\_\_\_

Any previous problems? \_\_\_\_\_

Any previous problems? \_\_\_\_\_

**METHOD OF PAYMENT TODAY: Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa/Mastercard \_\_\_\_\_  
or Carecredit \_\_\_\_\_ (a medical credit card that you can apply for today)**

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

**Signature and date** \_\_\_\_\_

