



First Visit Admission Form

Owner's Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Spouse: _____
Children: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Cell Phone(2): _____
E-mail Address: _____
Employer's Name and Address: _____
Emergency Contact (other than yourself): _____

Pet Information

Pet's Name	Date of Birth	Breed	Color(s)	Sex (M or F)	Spayed/ Neutered?

Previous Veterinarian: _____ Phone: _____

How did you hear about Lesslie Animal Hospital? _____

All animals that are boarded, groomed, or hospitalized are to be current on required vaccines and free of fleas and ticks.

Professional fees are due when services are rendered. The person signing this document is assuming full financial responsibility for this visit and all future visits to Lesslie Animal Hospital.

Method of Payment: Check _____ Credit Card _____ Cash _____

Please complete the following information:

Driver's License Number: _____

Signature of Owner or Responsible Party: _____