

Welcome to Larchmont Animal Hospital

Owner's Name (last, first): _____ Spouse: _____

Address: _____

(Street & Number)

(Apt. #)

(City)

(State)

(Zip)

Home Phone: _____ Cellular Phone: _____

Work Phone: _____ Employer: _____

Spouse's Cellular: _____ Spouse's Employer: _____

e-mail address: _____

How did you learn about our practice? _____

Previous Veterinarian _____

Pet's Name: _____ Birthdate (if unknown, give age): _____

Dog: _____ Cat: _____ Other (please specify): _____

Color: _____ Breed: _____

Sex: Male Female Neutered/Spayed: Yes No Declawed: Yes No

Age Pet Was Obtained: _____ From: _____

Flea/Tick Prevention: _____ Heartworm Prevention: _____

Other Medications: _____ Allergies: _____

Prior Illnesses/Surgeries: _____

Current/Ongoing Illnesses: _____

Primary Reason for Visit: _____

I hereby authorize Larchmont Animal Hospital to examine and treat the described animal. I certify that I am the owner of this animal or the authorized agent of the owner, and assume all financial responsibility for the animal. I understand that all fees are to be paid in full at the time services are rendered*.

Larchmont Animal Hospital may take photographs of your pet which may be posted on our website, Flickr page, Facebook page, and/or used in in-clinic and out-of-clinic advertising. In the event that you do not wish your pet to be photographed, please notify the staff at the time your pet's photo is taken.

Signature: _____ Date: _____

**please note that we accept Visa/MC/Amex/Discover & cash - we do not accept personal checks on the first visit.*