

Today's Date: \_\_\_\_\_

 **New Client Information** 

Welcome to Lewisville Animal Hospital! Thank you for giving us the opportunity to care for your pet. We are happy to answer any questions about your pet's health. Please complete the following information: (*This information is for our office only.*) Please print as clearly as possible. Thank you.

**Owner Information:**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse (other names you would like on the account): \_\_\_\_\_ Phone Number: \_\_\_\_\_

**New Pet Information:**

Pet's Name: \_\_\_\_\_ Age: \_\_\_\_\_ or DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Sex:  Male  Female

Neutered? Yes  No  Spayed? Yes  No