

# LATIMER

## ANIMAL HOSPITAL

NEW ALBANY, INDIANA



Welcome to Latimer Animal Hospital, LLC. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Your Name/Title \_\_\_\_\_ Spouse/other \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

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

Your Work Phone \_\_\_\_\_

Your Email Address \_\_\_\_\_

Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_ (if you will wish to pay by check)

In case of EMERGENCY, please call \_\_\_\_\_ @ Telephone \_\_\_\_\_

How did you first learn of our hospital?

Hospital Sign \_\_\_\_ Phonebook \_\_\_\_ Internet \_\_\_\_ One Southern Indiana \_\_\_\_ Newspaper \_\_\_\_

Referred by \_\_\_\_

**AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.**

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED FOR ANY REASON.**

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card. We charge \$35 fee for returned checks.**

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH AN ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ANIMAL IDENTIFICATION AND MEDICAL INFORMATION**

	<b>PET #1</b>	<b>PET #2</b>	<b>PET #3</b>
<b>Name</b>			
<b>Species</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Age</b>			
<b>Date of Birth</b>			
<b>Sex/Altered</b> (spay,neuter)			
<b>Previous Hospital/Vet</b>			
<b>Microchip #</b>			
<b>Vaccinations</b>			
Bordetella			
DHPP			
FELV			
FVRCP			
Rabies			
<b>Any Other Vaccines</b>			
<b>Heartworm Preventative</b>			
<b>Flea/Tick Preventative</b>			
<b>Current Medications</b>			
<b>Special Diets</b>			
<b>Prior Illness/Accidents</b>			
<b>Prior Surgery</b>			
<b>Prior Dentistry</b>			

Please tell us of any other information we should have to best assist you and your pets.

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