

# Lantana-Atlantis Animal Hospital

3530 Lantana Road  
Lantana, Florida 33462  
(561) 439-0694

## PATIENT/CLIENT INFORMATION

**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 this information sheet.**

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Email Address** \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Spouse's / Other's Employers & Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone number \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, please call \_\_\_\_\_ at phone number \_\_\_\_\_

*Do you prefer to receive e-mail or postcard reminders?  E-mail  Postcard*

**We will gladly prepare an estimate for you upon request. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If WE CANNOT ACCEPT CHECKS WITHOUT A DRIVER'S LICENSE NUMBER !**

Drivers License # \_\_\_\_\_ State Issued: \_\_\_\_\_

### **How did you first hear of our hospital?**

- Individual; someone we may thank? \_\_\_\_\_  Referral  Hospital Sign  
 Bell South Yellow Pages  Community Pages (Red Book)  Website  Other

**To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I understand and authorize the doctor to provide vaccines and parasite control as needed for my hospitalized or boarded pet.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of client \_\_\_\_\_ Please complete all information for each pet

	Pet #1	Pet #2	Pet #3
Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Age			
Date of Birth			
Sex			
Neutered or Spayed			
Diet (kind of pet food)			
Hours Spent Outside Each Day			
VACCINATION & LAB HISTORY (Dates Last Given)			
DHLPPC (Dogs)			
Bordetella (Dogs)			
Parvovirus (Dogs)			
FVRCP (Cats)			
Rabies (Dogs & Cats)			
Feline Leukemia Test			
Other Vaccines			
Heartworm Test			
Heartworm Prevention			
Fecal Exam (worms cats / dogs)			
Dentistry			
Prior Illness			
Any Prior Surgeries			
Name & Phone of Previous Vet			

**PET ORIGIN: (Please Circle)**

<b>Pet Shop</b>	<b>Humane Society</b>	<b>Kennel</b>	<b>Licensed Breeder</b>
<b>Friend or Family</b>	<b>Individual Non-Breeder</b>	<b>Pet Adoption</b>	<b>OTHER:</b>