



# Lancaster Small ANIMAL HOSPITAL

## Welcome to Our Family!

Owner's Name: \_\_\_\_\_ Co-Owner/Spouse \_\_\_\_\_

Full Address (including city and zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other (specify): \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person authorized to make medical decisions for your pet(s) in an emergency? \_\_\_\_\_

How did you hear about us?  Drive by  Internet Search  Phone Book

Referral - please specify so we can thank them: \_\_\_\_\_

**Please circle your preferred method of communication with our hospital (for items such as lab results, appointment reminders, general questions):**

*Home Phone                                      Cell Phone                                      Work Phone                                      Email*

**Please circle your preferred method of contact for your pets reminders (such as vaccines, lab work, etc):**

*Mailed Post Card                                      Email                                      Both*

All fees are due at the time services are rendered: I understand that I assume financial responsibility for all services rendered. Any checks returned for insufficient funds will be assessed an additional fee. In case of non-payment, a finance charge may be added and I will be responsible for all collection fees.

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

*We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.*

Practice Name \_\_\_\_\_ Phone \_\_\_\_\_