

Lake Austin Boulevard Animal Hospital

Thank you for giving Lake Austin Boulevard Animal Hospital the opportunity to care for your pet. Please complete the following so that we may become better acquainted with you and your pet. **Please print clearly.**

Name _____ Spouse/Partner _____

Children _____

Address _____ City _____ State _____ Zip _____

Hm Phone (____) _____ Wk Phone (____) _____ Mobile (____) _____

Email _____ TXDL# _____

Place of Employment _____ Ok to call you at work? _____

PET 1 Name _____ Cat / Dog Sex _____ Spayed/Neutered? Y / N Birth Date _____

Breed _____ Color _____

PET 2 Name _____ Cat / Dog Sex _____ Spayed/Neutered? Y / N Birth Date _____

Breed _____ Color _____

PET 3 Name _____ Cat / Dog Sex _____ Spayed/Neutered? Y / N Birth Date _____

Breed _____ Color _____

Previous Vaccination dates (if known):

PET 1 Rabies _____ Canine Distemper-Parvo _____ Feline Distemper _____ Feline Leukemia _____

PET 2 Rabies _____ Canine Distemper-Parvo _____ Feline Distemper _____ Feline Leukemia _____

PET 3 Rabies _____ Canine Distemper-Parvo _____ Feline Distemper _____ Feline Leukemia _____

If you are transferring from another clinic, may we call them and request previous records? Y / N

Previous clinic name and number: _____

Is your pet currently on heartworm preventative? When was the last heartworm test? _____

Is your pet currently on topical flea preventative? If so, which one? _____

Does your pet have any special needs, allergies, illnesses, etc? _____

Please give use any additional information we should know about your pet(s): _____

How did you find out about us? Sign ___ Friend (who) _____ Yellow Pages _____ Other _____