

Lenox Hill Veterinarians

Client Information Sheet

(Please Print)

Name of Owner: _____

Person responsible for payment. Record will be filed under this name.

Spouse or Co-owner, if any: _____

Owner's Address: _____

Please give apartment number and zip code.

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other Number: _____

Employer's Name and Address: _____

Email Address: _____

This is for communication purposes, your email will not be shared with any other parties.

Co-owner's Contact Number: _____

Pet's Name: _____ Species: Dog: _____ Cat: _____ Exotic: _____

Breed: _____ Colors/Markings: _____

Date of Birth(MM/DD/YY): _____

Please give approximate age if known

Sex: Male _____ Female _____ Spayed/Neutered? Yes _____ No _____

Last Vaccinations: _____

Please list type and date received, and /or previous veterinarian or place of vaccination

How Did you Hear About Us? _____

Google, Website, walk-by, etc. If someone referred you, please list their name(s) so we may thank them

Method of Payment Today (circle one): MC Visa Discover Care Credit Cash

Payment is due when services are rendered at time of visit, or when pet is discharged from the hospital.

No personal checks accepted on initial visit. We are currently not accepting American Express; we apologize for any inconvenience