

WELCOME TO LEXINGTON ANIMAL CLINIC!

TELL US ABOUT YOURSELF AND YOUR PET(S)

Owner Name _____ Co-Owner _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____

Email address: _____

Place of Employment _____ Phone _____

DL # _____

Emergency Contact _____ Phone _____

How did you hear about us?

Phone book ___ Television ___ Radio ___ Website ___ Sign ___ Referral ___

Payment is required at the time of service .

PET 1 INFORMATION:

Name _____ Color _____ Dog ___ Cat ___

Birthday _____ Breed _____

Male ___ Female ___ Neutered ___ Spayed ___

CHRONIC PROBLEMS OR PERTINENT HISTORY:

PET 2 INFORMATION:

Name _____ Color _____ Dog ___ Cat ___

Birthday _____ Breed _____

Male ___ Female ___ Neutered ___ Spayed ___

CHRONIC PROBLEMS OR PERTINENT HISTORY:

PET 3 INFORMATION:

Name _____ Color _____ Dog ___ Cat ___

Birthday _____ Breed _____

Male ___ Female ___ Neutered ___ Spayed ___

CHRONIC PROBLEMS OR PERTINENT HISTORY: