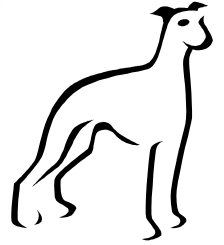


Please print this form, fill it out, and bring it with you for your appointment



LAKE HICKORY VETERINARY HOSPITAL

4607 Hickory Blvd.
Granite Falls, NC 28645
(828) 396-7002



CLIENT INFORMATION

Owner's Last Name: _____ First Name: _____ M.I. _____

Home Phone: () ___-____ Work: () ___-____ Cell: () ___-____ E-mail: _____

Address: _____ City: _____ State: ___ Zip: _____

Spouse's Name: _____ Phone: () ___ - _____ E-mail: _____

Dog	Cat	Pet's Name	Breed	Color	DOB or Age	Sex	Altered Y/N	Vaccine History				
								Rabies	Bordetella	Dog: DHLPP	Cat: FRVCP	

OTHER INFORMATION

In case of emergency, if we cannot reach you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Referred/Recommended by: _____ Previous Veterinarian: _____

Is your pet microchipped? ___ No ___ Yes Usual diet (include brand names): _____

Do any of your pets have any allergies? ___ No ___ Yes, please specify: _____

List any major disease, illness, or injury your pet has had: _____

Are your pet(s) currently receiving heartworm preventative? ___ Y ___ N - Flea or Tick preventative? ___ Y ___ N

Please specify types of preventatives used: _____

Last date of administration/application? _____

Is your pet(s) currently on medication? ___ No ___ Yes, please specify: _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED

I certify that I am the owner of the animal(s) listed above. I am at least (18) eighteen years of age and I assume total financial responsibility for the costs of services rendered by Lake Hickory Veterinary Hospital.

Signature of Owner: _____