



LEFFERTS ANIMAL HOSPITAL, P.C.



Please Check One: New Client New Patient
Current Client / New Patient: _____

Owner's Information

Last Name: _____ First Name: _____

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

SS# _____ Primary #: () _____

Secondary #: () _____ Work #: () _____

Co-Owner's/Spouse: _____ Emergency No. _____

Email Address: _____

How did you hear of us? (Pet Shop, Phone Book, Person, Internet) _____

Pet No. 1

Pet No. 2

Name: _____ Name: _____

Species: _____ Species: _____

Breed: _____ Sex: _____ Breed: _____ Sex: _____

Is your pet spayed/neutered? _____ Is your pet spayed/neutered? _____

Color: _____ Color: _____

Date of Birth: _____ Date of Birth: _____

Reason for visit: _____ Reason for visit: _____

Last Vet Visit: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also Understand that these charges will be paid at the time of visit/release and that a 50% deposit is required for surgical treatment or admittance.

Signature of Owner or Agent: _____ Date: _____

Method of Payment: Cash Check* Visa MC Amex Disc

Driver License # _____ DOB _____ Exp Date: _____

***For payment by check, full address must be printed or written on the check. Unfortunately we cannot accept starter checks. Driver's License Information is needed for the process of the check. All check are processed electronically with authorization of check writer.**

