



**Lewis animal hospital  
patient registration & medical history form**

Owner's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Social Security #: \_\_\_\_\_

(Driver's License # **OR** S.S. # required)

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Pets: Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other (specify) \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Markings/Color: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Rabbit \_\_\_\_\_ Ferret \_\_\_\_\_ Guinea Pig \_\_\_\_\_ Other \_\_\_\_\_

Is your pet allergic to any food/drugs/vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list:

\_\_\_\_\_

**authorization**

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are to be paid at the time of service and that a deposit may be required for treatment.

Signature of owner or owner's agent: \_\_\_\_\_

Date: \_\_\_\_\_ Today's method of payment: \_\_\_\_\_