



Lansdowne Animal Hospital  
 19393 Promenade Drive  
 Lansdowne, VA 20176

## New Patient Information Form

Welcome to Lansdowne Animal Hospital. Our staff is dedicated to the optimum in patient care and will do its utmost to make your pet's stay pleasant and beneficial. Please feel free to ask any questions concerning the treatment of your pet or other policies of the hospital. To help us serve you better, please provide us with the following information. All information obtained is confidential and for the purposes of recordkeeping.

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Spouse/Co-Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Best no. to reach you by: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Social Security # or Drivers License # (required for check writing purposes) \_\_\_\_\_

Spouse/Co-Owner Cell Phone \_\_\_\_\_ Spouse/Co-Owner Work Phone \_\_\_\_\_

Spouse/Co-Owner Place of Employment \_\_\_\_\_

How did you choose our practice?  Personal Recommendation (whom may we thank?) \_\_\_\_\_

Internet Search  Phone book  Passed by/Proximity to home  Direct Mail/Advertisement  Event \_\_\_\_\_

Patient Information	Pet #1		Pet #2		Pet #3	
Name						
Breed						
Date of Birth						
Color						
Sex (Circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Last Heartworm Prevention						
Previous Veterinarian Information	Name Hospital Phone					

Any allergies to vaccinations or medications? \_\_\_\_\_

At Lansdowne Animal Hospital we abide by doctor/patient confidentiality. As such we would like your permission to communicate appropriate information as the need arises with the following establishments. We are required to divulge Rabies information to Animal Control.

Boarding/grooming facilities  Other veterinarians  None, contact me if anyone requests information about my pet

We send reminders for your pet's annual vaccines. How would you prefer to receive these notifications?

Mail only  Email only  Both

**Payment is required at time of service.** We accept cash, Visa, MasterCard, Discover, and check. Thank you.

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Signature of Co-Owner