



LINCOLN
ANIMAL HOSPITAL



NEW CLIENT FORM

Last Name: _____ First Name: _____

Spouse/Other: Last Name: _____ First Name: _____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Spouse Phone: _____

Email: _____

Emergency Contact - Name: _____ ER Contact Number: _____

How Did you Hear of Us: () Self () Client () Internet Search () Facebook () Other

Patients Information

Name: _____ Species: () Canine () Feline Date of Birth: _____

Breed: _____ Sex: () Male () Neutered / () Female () Spayed

Color(s): _____ Other Identifying Marks: _____

Where did you Acquire your Pet? () Shelter/Rescue () Breeder () Pet Store () Private Home () Other: _____

How long have you had this Pet: _____ Has this Pet been Vaccinated before: _____

If yes Where was the pet Previously seen at: _____

Has your Pet had any Allergic Reactions to Previous Vaccines: () No () Yes () No Known Allergies

If yes what was the Reaction to: _____

Is your pet Currently taking any Medications: _____

() Monthly Heartworm – If yes what Product are you Currently Using: _____

() Flea Prevention – If yes what Product are you Currently Using: _____

What percentage of time Outdoors does your pet spend: () 25% () 50% () 75% () 100%

Are there any other pets in the Household – If yes what kind(s): _____

Other Comments or Previous Medical Problems: _____

Please Note that Payment is Due at the Time Services are Rendered

We Do accept Credit (MC, Visa, Discover and Amex), Debit, Care Credit, Checks as well as cash for Payments