



# Lantana Animal Hospital

We provide pawsitively purrfect pampering for pets and their people

We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, please take a few moments to fill out this form completely. Thank You!

## NEW CLIENT REGISTRATION

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Can we send text Messages regarding your pets health?  Yes  No

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Preferred Contact Phone:  Home Phone  Cell Phone  Work Phone

Drivers's License Number: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary  
Owner Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I authorize the following people to make medical decisions for or request medical information about my pet(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I give permission for Lantana Animal Hospital to post pictures of my pet(s) on their website, Facebook and/or other social media sites. (I understand that my name and personal information will not be released)  Yes  No

I authorize Lantana Animal Hospital to obtain my pet's medical records from:

Name of Veterinary Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

How did you choose our hospital?

Website  Google Search  Drive By Location  Saw Advertisement paper  Received Postcard in mail  
 Referred by: \_\_\_\_\_  Other: \_\_\_\_\_

Payment is due when services are rendered and/or patient is released. A prepayment may be required for in-hospital treatment or surgery. *For your convenience, we accept the following methods of payment:*  
*Cash Check Mastercard Visa American Express Care Credit*

Client Signature: \_\_\_\_\_  
Date: \_\_\_\_\_