



# Lifetime Small Animal Hospital

*“Helping Your Pet Be Its Best – for a Lifetime”*

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## Welcome Back Client Update

### So We Have the Most Current Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Drivers License \_\_\_\_\_ Employer \_\_\_\_\_  
 Spouse/ Significant Other Name \_\_\_\_\_  
 Spouse Work Phone \_\_\_\_\_ Spouse Cell Phone \_\_\_\_\_  
 Spouse Employer \_\_\_\_\_ Spouse Email \_\_\_\_\_

Reason for your visit today:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your pet been seen by another vet since your last visit? Yes \_\_\_ No \_\_\_  
 If yes, please explain the problem and treatment/procedures given:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check any of the following that are of concern to you regarding your pet's behavior/health:

- |  |   |
|--|---|
| <input type="checkbox"/> Excessive barking             | <input type="checkbox"/> Straying from home |
| <input type="checkbox"/> House breaking                | <input type="checkbox"/> Itching/scratching |
| <input type="checkbox"/> Wetting/spraying in the house | <input type="checkbox"/> Biting             |
| <input type="checkbox"/> Problems around children      | <input type="checkbox"/> Jumping            |
| <input type="checkbox"/> Overly rambunctious           | <input type="checkbox"/> Clawing or digging |
| <input type="checkbox"/> Shedding                      | <input type="checkbox"/> Bad breath         |
| <input type="checkbox"/> Other _____                   |   |

Which of the following services might you utilize?

- |  |   |
|--|---|
| <input type="checkbox"/> Lodging/boarding facility | <input type="checkbox"/> Evening hours  |
| <input type="checkbox"/> Referral awards program   | <input type="checkbox"/> Grooming       |
| <input type="checkbox"/> Behavior training classes | <input type="checkbox"/> Day care       |
| <input type="checkbox"/> Value package programs    | <input type="checkbox"/> Product trials |

I will be responsible for authorizing procedures and paying for services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All fees are due upon release of patient.**

Please indicate your choice of payment.

- Cash       Check       Credit Card (We accept all major credit cards)       Care Credit