



Lifetime Small Animal Hospital

"Helping Your Pet Be Its Best – for a Lifetime"

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New Patient Information Sheet

Last Name _____ First Name _____ Title _____

Pet Name _____ Species (dog/cat/bird/ferret/rabbit/pocket pet/reptile)
Breed _____ Color _____
Sex: Male Neutered Male Female Spayed Female
Approximate Age _____ Birthday if known _____
Microchipped? Yes/No Date of last vaccinations _____
Known Medical Conditions or Allergies _____

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

I further agree that in the event of non-payment of any amounts due to this agreement, I will pay all reasonable attorney fees and court costs that may be incurred. I agree that in the event this agreement is assigned to an agency for collection I promise to pay and additional collection fee of 35% of the unpaid balance due.