



Lifetime Small Animal Hospital

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

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Welcome to Our Office

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 _____

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 _____

How did you hear about us?

- Friend, Relative (who should we thank?)

- Yellow Pages
- Sign (drove by)
- Newspaper Ad
- Radio Ad
- Welcome Wagon
- Pet Store
- Humane Society
- Web Site
- Chamber of Commerce

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

- Excessive barking
- House breaking
- Wetting/spraying in the house
- Problems around children
- Overly rambunctious
- Shedding
- Straying from home
- Itching/scratching
- Biting
- Jumping
- Clawing or digging
- Bad breath

Which of the following services might you utilize?

- Lodging/boarding facility
- Referral awards program
- Behavior training classes
- Value package programs
- Evening hours
- Grooming
- Day care
- 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.