

Chart # \_\_\_\_\_

OFFICE USE ONLY

# INFORMATION FOR MEDICAL RECORDS

*Accurate medical records are critical*

PLEASE FILL OUT COMPLETELY

[Dr.]  
[Mr.]  
[Ms.]  
[Mrs.]  
[Miss]

Date \_\_\_\_\_

Your Name \_\_\_\_\_  
Last [as on Driver's License] First

Spouse / Partner

Street Address \_\_\_\_\_ [ NO P.O.BOXES PLEASE ]

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Employer [spouse / partner] \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Would you like to be contacted by E-Mail? Yes  No  Pager / Cell Phone ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Hospital WEB site: [lagunahillsanimalhospital.com](http://lagunahillsanimalhospital.com)  
[for your records]

How did you first learn about us? Received letter in the mail  Yellow Pages  Internet  Saw Sign  Friend  Friend's Name [for "thank you"] \_\_\_\_\_

Preferred method of payment: Cash  Check  Credit Card  Debit Card  Pet Insurance

**I UNDERSTAND THAT FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED.**

CREDIT THROUGH MC / VISA / AMEX / DISCOVER ONLY

Driver's License No. \_\_\_\_\_ Signature \_\_\_\_\_

Your Birth Date \_\_\_\_\_ [used for cross reference purposes / check guarantee]

Social Security # \_\_\_\_\_ (only needed if paying by check)

P  
E  
T  
H  
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S  
T  
O  
R  
Y

Pet's Name: \_\_\_\_\_  
DOG or CAT  
Male / Female \_\_\_\_\_ Neutered? Yes / No  
Breed \_\_\_\_\_  
Color \_\_\_\_\_ Weight \_\_\_\_\_  
Pet's Date of Birth \_\_\_\_\_  
Identification Microchip Yes / No

**Dates of last vaccinations:**

DOG: Distemper/Parvo \_\_\_\_\_  
Bordetella \_\_\_\_\_  
Flu \_\_\_\_\_  
Lyme \_\_\_\_\_  
Rabies \_\_\_\_\_  
Deworm \_\_\_\_\_

CAT: Distemper \_\_\_\_\_  
Flu \_\_\_\_\_  
Leukemia \_\_\_\_\_  
Rabies \_\_\_\_\_  
Deworm \_\_\_\_\_

Pet's Name: \_\_\_\_\_  
DOG or CAT  
Male / Female \_\_\_\_\_ Neutered? Yes / No  
Breed \_\_\_\_\_  
Color \_\_\_\_\_ Weight \_\_\_\_\_  
Pet's Date of Birth \_\_\_\_\_  
Identification Microchip Yes / No

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Flu \_\_\_\_\_  
Lyme \_\_\_\_\_  
Rabies \_\_\_\_\_  
Deworm \_\_\_\_\_

CAT: Distemper \_\_\_\_\_  
Flu \_\_\_\_\_  
Leukemia \_\_\_\_\_  
Rabies \_\_\_\_\_  
Deworm \_\_\_\_\_

**EXPRESS CHECK OUT**  
(optional)

I authorize Laguna Hills Animal Hospital to utilize the following credit card for charges approved by me.  
Today's Date: \_\_\_\_\_

#: \_\_\_\_\_  
Mastercard / VISA / AMEX / Discover

Expiration Date: \_\_\_\_\_  
CVC 2 Code: \_\_\_\_\_  
(last 3 digits on back)

\_\_\_\_\_  
Signature