

# Lebanon Veterinary Hospital, LLC

## New Client Information sheet

Owners name (Last): \_\_\_\_\_  
Owners name (First): \_\_\_\_\_  
Spouse/Partner name: \_\_\_\_\_

Address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_

Employer: \_\_\_\_\_

Pet Information: Name \_\_\_\_\_  
DOB \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ M/F \_\_\_\_\_  
Spay/Neutered \_\_\_\_\_

Previous Doctor or facility: \_\_\_\_\_  
Have records been requested or delivered here? \_\_\_\_\_

For your check writing convenience we require one of the following:  
Drivers License#: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature of client: \_\_\_\_\_  
Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you for choosing the Lebanon Veterinary Hospital to serve you  
and your pets! We look forward to meeting your family!