



1073 S Broadway
Lexington, KY 40504
859-255-5595

Welcome to our practice!

Owner Information

Name: _____

SS#: _____

*This information is REQUIRED! *

Address: _____ Apt: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

E-mail: _____

Co-Owner: _____

SS#: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Occupation: _____

Employer: _____

Work Phone: _____

E-mail: _____

Would you prefer to receive vaccination reminders by mail or e-mail? _____

Pet Information:

Species (ex. dog, cat): _____

Pet's Name: _____

Birth date or approx. age: _____

Gender: _____

Breed: _____

Coat Color: _____

Spayed/Neutered: _____

Medical History

Previous Veterinarian: _____

Please list any prior surgery or severe illness/injury: _____

Date of last vaccination/which vaccines were given: _____

History of drug or vaccine reaction: _____

Reason for today's visit: _____

What brand of food does your pet eat? _____

How did you hear about us? _____

Please complete reverse side



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In order to keep costs at a minimum, all professional and hospital fees are due at the time of service and must be paid in full. Estimates are available upon request before services are rendered. A deposit may be required for any patient requiring hospitalization. For your convenience we accept the following: cash, check, Visa, MasterCard, American Express, and Discover. Emergencies must be stabilized before an estimate can be established; If cost is an issue, please tell the receptionist before emergency treatment is performed. **You are responsible for the cost of emergency treatments when you bring a pet in.**

To prevent the spread of infectious diseases and parasites, all animals must be current on all required vaccinations and free of internal and external parasites. I authorize the veterinarian to provide vaccines and parasite control as needed for my pet.

We may use photos of your pet taken while in the clinic on our website or on other promotional materials.

Signature Date

Driver's License Number State

Kentucky law prohibits veterinary clinics from releasing any medical records without written consent of the owner. By signing below, you give permission for medical records to be released to grooming facilities, veterinary clinics, kennel facilities, trainers, etc.

Signature Date