


Southland
 Veterinary Hospital

Millie Hardigree, DVM
 Lisa Ricketts Williams, DVM

CLIENT'S INFORMATION

TODAY'S DATE _____

CLIENT'S NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

Email: (hospital use only Newsletters and pet reminders) _____ REFERRED BY _____

SOCIAL SECURITY OR DRIVER'S LICENSE NUMBER--CERTAIN MEDICATIONS REQUIRE THIS _____

TOTAL NUMBER OF PETS IN HOUSEHOLD: DOGS _____ CATS _____ OTHER (SPECIFY) _____

PET OR PETS IN FOR TODAY'S VISIT (IF MORE THAN 2 PETS, PLEASE LIST ON BACK OF THIS FORM)

PET 1:
NAME _____

PET 2:
NAME _____

BREED _____

BREED _____

COLOR/MARKINGS _____

COLOR/MARKINGS _____

BIRTHDATE OR AGE _____

BIRTHDATE OR AGE _____

___ MALE--NEUTERED? ___ YES ___ NO

___ MALE--NEUTERED? ___ YES ___ NO

___ FEMALE--SPAYED? ___ YES ___ NO

___ FEMALE--SPAYED? ___ YES ___ NO

VACCINATION HISTORY (TYPE AND DATES) AND MEDICAL/SURGICAL HISTORY _____

REASON FOR TODAY'S VISIT _____

AUTHORIZATION: I HEREBY AUTHORIZE THE VETERINARIANS OF SOUTHLAND VETERINARY HOSPITAL TO EXAMINE, PRESCRIBE FOR AND/OR TREAT THE ABOVE DESCRIBED PET(S) AND ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE PET(S). I UNDERSTAND ALL PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE RENDERED. WE ACCEPT THE FOLLOWING FORMS OF PAYMENT: CASH, CHECK WITH PICTURE ID, VISA, MASTERCARD, DISCOVER AND CARE CREDIT.

SIGNATURE OF CLIENT RESPONSIBLE FOR PET(S): _____



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