



LaCroix Veterinary Hospital

CLIENT REGISTRATION

Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted, please complete the following.

Owner's Name _____ Spouse/Housemate's Name _____

Children at Home _____
(FIRST NAME, AGES)

Mailing Address: _____
(STREET) (CITY) (STATE) (ZIP)

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Spouse Phone: _____

Owner's Occupation/Employer: _____ Spouse/Housemate Occupation/Employer: _____

If necessary, may we call you at work? ☐ Yes ☐ No Spouse/Housemate: ☐ Yes ☐ No

Previous veterinarian's name and address: _____

Email address (for patient correspondence only): _____

How did you learn of our hospital? ☐ Drive-by ☐ Internet ☐ Phone book
☐ Advertisement ☐ Personal referral

If a personal recommendation, whom may we thank? _____

If an advertisement, could you please specify which? _____

