



908 Pine Grove Drive, Wilmington, NC 28409  
Phone: (910) 799-3100 | Fax: (910) 799-2600 | www.lacroixpetcare.com

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:

Mailing Address:

Home Phone:

Work Phone:

Mobile Phone:

Spouse/Housemate Phone:

Owner's Occupation/Employer:

If necessary, may we call you at work?

Yes

No

Spouse/Housemate Occupation/Employer:

If necessary, may we call him/her at work?

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 please specify which:



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PET REGISTRATION

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

Pet's Name: Breed: Birth Date:

Dog Cat Male Female Spayed or Neutered Colors:

Where did you get your pet? (Breeder? Pound? Friend? Other?):

Is your pet on heartworm and/or flea prevention? Yes No

If yes, which ones?

What do you feed your pet? (Prescription? Commercial? Table Scraps?)

How often daily do you feed your pet?

Do you supplement with treats, vitamins, etc? Yes No

If yes, which ones?

Is your pet Inside Only Inside/Outside Outside Only

If outside, how many hours per day? Fenced? Yes No

Is your pet microchipped? Yes No

If yes, what is the microchip number and company it's registered with?

Please share your pet's history – ongoing health problems (include current medications), allergies, prior illness or trauma, behavior problems, personality “quirks,” etc. Also, please let us know about any concerns you have regarding your pet.