

CANINE

LAMB'S GAP ANIMAL HOSPITAL
1806 Lamb's Gap Rd, Mechanicsburg, PA 17050
(717) 732-9711 Fax: (717) 728-9622
Email: lambsgap@comcast.net
www.lambsgapanimalhospital.com

CLIENT INFORMATION

Owner's Name (Must be over 18yrs): _____

Street Address: _____ PA License _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Employer: _____

Co-Owner/Spouse: _____ Cell: _____

Employer: _____ Work: _____

10% Senior Citizen Discount (Over 65 yrs +) YES or NO

10% Military Discount YES or NO **only one discount will apply

How did you hear about us? _____

PATIENT INFORMATION

Pet's Name: _____ Birthdate/Age: _____

Breed: _____ Color: _____

Sex: Male/Neutered or Female/Spayed Microchip #: _____

Current Medications: _____

Allergies: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the pet described. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges must be paid at the time of release and that a deposit may be required for hospitalization or surgical treatment.

Signature: _____ Date: _____

VETERINARY USE ONLY

DA2PP							
LEPTO4							
BORDETELLA							
LYME							
CIV							
HW/LYME TEST							
FECAL							
RABIES							