REGISTRATION

| Lynchburg Veterinary Hospita standards of veterinary practice, life. We provide only the highes Thank yo | aimed at raising and st quality medical ar | d maintaining your ani | mal companion's quality of animals entrusted to us. |
|---|---|---------------------------------|---|
| Owner Information: In order to open an account with us you Your information will be kept confidentia primary owner. We also need a copy of | must be 18 years of ag I. The driver's license n | ge and provide us with at I | east one form of identification. |
| Last Name | First | Mi | ddle |
| Co-Owner/Spouse Name | | | |
| Street Address | C | ity | Zip Code |
| Mailing Address (if different) | | | |
| Driver's License # | State | _and/or Social Securit | y # |
| Home Phone Please circle which number you wou | Cell Phone Id like to be listed as | Work the primary contact num | Phone hber on your account. |
| Co-Owner/Spouse Cell Phone | Work Phone | | |
| Email Address | (Used | for pet reminders, etc, | We will not solicit your email) |
| Pet Information: | | | |
| Pet Name | Age or Birthdat | eCircle: | DOG CAT OTHER |
| Breed | _Color | Circle: Male | Neutered Female Spayed |
| Last Vaccines and Dates (if know | n) | | |
| Last Rabies Vaccine Date (if know | vn) | Microchipped? | |
| Known Medical Conditions | | | |

The above information is true to the best of my knowledge. I understand that I am financially responsible to pay for all services with cash, check or credit/debit card at the time they are rendered, and that Lynchburg Veterinary Hospital does not have a billing system. I also understand that written estimates can be provided to me prior to services being provided to my pet(s). Please check here if you <u>do not</u> wish us to post pictures of your pets on social media_____