



The Animal Hospital of Lynchburg

1705 Memorial Ave., Lynchburg, Virginia 24501
Jean Krason, DVM (434) 845-7021 Rick Krason, DVM
www.LynchburgVet.com

Welcome To Our Hospital...

Thank you for entrusting us with the care of your pets. So that our family may become better acquainted with your family, please complete the following:

- ❖ Owner _____ Spouse _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____ E-mail _____
Place of Employment _____ Work Phone _____
Spouse's Employment _____ Work Phone _____
Driver's License Number _____ Spouse's DL# _____
- ❖ How did you become aware of our hospital? Yellow pages Hospital Sign Website Other
Personal Recommendation – Whom may we thank? _____
- ❖ Reason for today's visit? _____
- ❖ Pet's name _____ Dog ___ Cat ___ Bird ___ Reptile ___ Other ___
Breed/Species _____ Color _____ Date of birth _____
Male ___ Female ___ Spayed/Neutered ___ MicroChip # _____
Does your pet have any illnesses or conditions we should know about? _____
Is your pet currently on any medications? ___ Please list _____
Does your pet have any allergies to drugs or foods? _____
Date of last Heartworm test? _____ Current Heartworm Preventative? _____
Has your cat has been Feline Leukemia and Feline AIDS tested ___ results _____
Current flea/tick preventative? _____
Are your pets' vaccinations current? _____
Dogs: DHLPC-Parvo ___ Rabies ___ Bordetella ___ Lyme ___
Cats: FVRCPC ___ Rabies ___ FeLV ___ FIV ___
Ferret: Distemper ___ Rabies ___
Which veterinarian can we call to confirm your pet's health and vaccine status? _____
- ❖ Do you have any other pets at home?
Name _____ Species _____ Breed _____
Name _____ Species _____ Breed _____
Name _____ Species _____ Breed _____
- ❖ **Payment is required at the time of service**
We accept Cash, Check, CareCredit, Visa and MasterCard.
I, the owner, understand that a 2% fee will be charged on the unpaid balance at the end of each month, and my account will be sent to collections. In the event my account is collected through an attorney at law, or any other collection agent, acting on behalf of The Animal Hospital of Lynchburg, I, the owner, agree by signing below to pay all costs incurred for collection including court costs and attorney's or collection fees.

Owner Signature: _____ Date: _____