




Lewiston Animal Hospital

165 Portage Road Lewiston, NY 14092

Visit our website www.lewistonanimalhospital.com

p. 716-754-7422 f. 716-754-7512

email: lewistonanimalhosp@roadrunner.com

Like us on 

CLIENT INFORMATION

Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home/Cell Phone: _____ Work Phone: _____

Email: _____ Preferred method of contact? Home/Cell/Work: _____

PET INFORMATION

Pet Name: _____ Breed: _____ Color: _____

Date Of Birth/Age: _____ Sex: M F Spayed Neutered

Does your pet have previous medical records from another veterinarian? Yes No

Name of Veterinarian or Hospital: _____

What medications or supplements is your pet receiving? _____

What previous medical condition does your pet have? _____

What flea, tick heartworm preventive is your pet receiving? _____

Do you use pet insurance? Yes No

HOW DID YOU HEAR ABOUT US

Internet Drive By Phone Book Other: _____

Personal Referral: Who may we thank: _____

SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your pet to participate on our social media sites? Yes No

PAYMENT POLICY

We accept cash, checks(with photo ID), MasterCard/VISA(with photo ID) and Care Credit. Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to the treatment of your pet if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fees and collections fees will apply.

Signature of Owner: _____ Date: _____