



**LaSalle Animal Hospital**  
**Dr. M. Jammu, Dr. S. Gill & Associates**  
*Caring People Caring For Pets*

Thank you for giving LaSalle Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please take a moment to complete the following:

\_\_\_\_\_  
FIRST NAME    LAST NAME    SPOUSES/PARTNERS NAME

\_\_\_\_\_  
ADDRESS    CITY    POSTAL CODE

\_\_\_\_\_  
PRIMARY NUMBER                          SECONDARY NUMBER                          EMPLOYER    WORK NUMBER                          EXT.

\_\_\_\_\_  
EMAIL ADDRESS    SPOUSE/PARTNERS EMPLOYER    WORK NUMBER                          EXT.

\_\_\_\_\_  
EMERGENCY CONTACT NAME    EMERGENCY NUMBER

\*\*\*\*\***ALL FEES ARE DUE AT THE TIME OF SERVICE**\*\*\*\*\*  
 WE ACCEPT CASH DEBIT VISA MASTERCARD & MEDICARD

**We would like to know which of our marketing activities you may have been exposed to, PLEASE CHECK ALL THAT APPLY:**

- [ ] Drove by/Live in Area    [ ] Yellow Pages - **Book**    [ ] Yellow Pages - **Online**    [ ] Yellow Pages - **Mobile App**
- [ ] Flyer / Postcard    [ ] Our Website    [ ] Facebook    [ ] Google    [ ] Yelp    [ ] Twitter
- [ ] Friend/Relative \_\_\_\_\_    [ ] Previous Client    [ ] Viper's Sponsorship /Rink
- [ ] LaSalle Post

**PATIENT INFORMATION:**

	Pet 1	Pet 2	Pet 3
PET'S NAME			
DATE OF BIRTH			
BREED			
COLOR			
SEX	[ ]Female [ ]Male	[ ]Female [ ]Male	[ ]Female [ ]Male
SPAYED/NEUTERED	[ ]Yes [ ]No	[ ]Yes [ ]No	[ ]Yes [ ]No

Any previous illnesses or major surgeries? \_\_\_\_\_

Any known allergies to vaccinations/medications? \_\_\_\_\_ Is your pet on any medication ? \_\_\_\_\_

Previous Hospital: \_\_\_\_\_ I give my consent to have the records transferred [ ]Yes [ ]No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize WVPC to send me promotional offers, newsletters & reminders via email or text message.

I Authorize WVPC to release my pet's name and image to be used in print / social media or on the website of this vet practice. NO personal information will be released.