

LAFAYETTE VETERINARY CLINIC  
2468 Route 11 South LaFayette, NY 13084  
(315) 677-3838

**PATIENT/PET REGISTRATION FORM**

Owner: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

Species: \_\_\_\_\_ Canine (Dog) \_\_\_\_\_ Feline (Cat)

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? (Y or N) \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Is your animal currently on any medications? \_\_\_\_\_

Dates of Animal's Last Treatments:

Dog	Cat
Rabies _____	Rabies _____
Distemper/Parvo _____	Distemper _____
Bordetella _____	Leukemia Vaccine _____
Lyme Disease _____	FIP Vaccine _____
Lepto Disease _____	Leukemia Test _____
Heartworm Test _____	Fecal _____
Fecal _____	

Previous Veterinarian: \_\_\_\_\_

Phone Number of Previous Veterinarian: \_\_\_\_\_

Has your pet been treated for any illness in the past year? \_\_\_\_\_

Please specify any problems:  
\_\_\_\_\_  
\_\_\_\_\_

Do we have permission to post photos of your pet(s) on our social media? \_\_\_\_\_ Yes or \_\_\_\_\_ No