

# Lombard Animal Hospital

\*607 NE Lombard Street, Portland, OR 97211\*503.285.2337\*  
Preston Turano, DVM & Nell Ostermeier, DVM

## New Client Information Sheet

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street/Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ which is: home \_\_\_ Cell \_\_\_ Other \_\_\_  
Any other # we should use to contact you: \_\_\_\_\_  
Employer and Work Phone # \_\_\_\_\_  
Children in the Family? Yes \_\_\_ No \_\_\_ Names: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
Second Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to you: \_\_\_\_\_

### PETS IN FAMILY

PET NAME				
Species				
Male/Female				
Spay/Neut				
Breed/Color				
<b>Date of Birth</b>				

May we have records faxed from your previous veterinary hospital(s)? Y \_\_\_ N \_\_\_

Name of hospital(s): \_\_\_\_\_

How did you find us? web \_\_\_ letter/postcard \_\_\_ phone book \_\_\_ drove by \_\_\_

Referred by a friend \_\_\_ If so, who can we thank? \_\_\_\_\_

Do we have permission to use your pet's photo on our website? Y \_\_\_ N \_\_\_

Method of Payment today: Cash \_\_\_ Credit: \_\_\_ Visa MC AmEx Disc Debit \_\_\_

**\*\*PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED\*\***  
**\*NO CHECKS PLEASE.\***

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Client ID # \_\_\_\_\_ NC Postcard \_\_\_ Verification \_\_\_ Referral Entered \_\_\_

Our mission is to provide a pawisitive experience for you and your pets.  
Thank you for this opportunity. -- The Lombard Team