

Lehigh Valley Animal Hospital

Allentown • 610.395.0328

Bethlehem • 610.837.6188

Welcome to Lehigh Valley Animal Hospital! So that we may provide you with exceptional service, please share information about yourself and your pet(s). Our mission is to provide the highest quality veterinary healthcare for our clients' beloved pets. We resolve to continually earn the respect and trust that our clients have placed in us. We emphasize total health and wellness throughout the lifetime of every pet and we pride ourselves on our compassionate and professional staff that treats our clients' pets as if they were their own.

Client Information

Mr. Mrs. Ms. (circle one) First Name:	Last Name:	
Spouse First Name:	Spouse Last Name:	
Address:		
City:		
Home Phone:	Cell Phone:	
Email Address:		
Patient Information		
Pet Name:	Sex: □ Male □ Female	Neutered/Spayed: \Box Yes \Box No
Species: Dog Cat Rabbit Ferret Bird I	Reptile 🗆 Other:	
Date of Birth/Age: Breed:		Color:
What type of food and treats does your pet eat?		
Reason for Visit:		
Does your pet have any preexisting health problems,	allergies, or medications? \Box Yes \Box	No
If yes, explain:		

How did you find out about Lehigh Valley Animal Hospital?

□ Referred by a friend		Whom may we thank?	
□ Referred by a veterinaria	an	Whom may we thank?	
□ Previous client	□ Drove by	□ Website (www.LVAH.com)	□ Yellow Pages

We respectfully request that you give 24-hour notice for any appointment cancellations. This courtesy may provide another beloved pet the opportunity to have an exam or receive necessary treatment.

Payment is required at the time services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, and CareCredit. Please be advised that we require proper identification to accept any form of payment other than cash.

By signing below, I verify that the information provided above is accurate.