

# **New Patient Application Form**

Your Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Pet Species and Breed: \_\_\_\_\_

Pet Age/Birthdate: \_\_\_\_\_

Is your pet spayed/neutered? Yes/No

Do you have a current medical concern for your pet?

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Primary reason for coming to our veterinary hospital:

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Previous Veterinary Hospital: \_\_\_\_\_

Last date that your pet visited a veterinary hospital: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If it was a personal referral, is there someone we can thank for this referral?

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Any other information we should know about your pet?

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**We will review your patient application form and contact you via email or phone call.  
This may take a few days.**

**I understand that filling out this form does not guarantee that Lambeth Animal  
Hospital will be able to accept me as a new client and that the volume of demand  
we are dealing with is the primary reason we have to reject applications.**