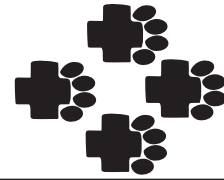


Lexington Boulevard Animal Hospital



CLIENT INFORMATION

Last Name: _____ First: _____
Address: _____ Zip: _____
Home Phone: _____
City: _____ State: _____ Work Phone: _____
Spouse: _____ Fax: _____
Cell: _____
How did you hear about us? _____ Email: _____
Social Sec: _____ TDL#: _____ Occupation: _____

ANIMAL INFORMATION

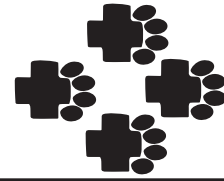
Pet Name: _____ Sex: _____ Neuter/Spay: _____
Birthday: _____ Age: _____
Breed: _____ Color: _____ Dog/Cat: _____
Is your dog/cat on heartworm preventative?

QUESTIONNAIRE

The following voluntary questionnaire is intended to allow us at LBAH to service you and your animal more effectively and to determine your veterinary medical needs. There are no right or wrong answers.

1. Have you or any family member been involved in any aspect of the medical profession? Yes No
In what capacity?
2. Have you ever or are you currently breeding animals for sale? ~~Yes~~ Yes ~~No~~ No
3. Does this pet primarily reside: Mostly indoors Mostly outdoors
4. If you vacation, do you: take your pet along board at a boarding facility
have a person come to your home in your absence
5. Do you utilize grooming facilities for baths, dips, etc? ~~Yes~~ Yes ~~No~~ No
6. Do you feel it is important for your veterinarian to be available for emergencies rather than utilize a veterinarian at an animal emergency clinic? ~~Yes~~ Yes ~~No~~ No
7. As a whole, have you been satisfied with your past veterinary care? ~~Yes~~ Yes ~~No~~ No

Lexington Boulevard
Animal Hospital



RESUSCITATIVE DIRECTIVE

I, _____, as the owner and guardian of
_____ (pet's name) understand that in an unexpected and/or
emergency event the doctors at LBAH will make every effort to contact me and provide necessary
medical care. If, however, they are unable to reach me, or life threatening events make it impossible
to have time to reach me, I wish for him/her to:

Please check one:

Receive no resuscitative care in the event of a cardiopulmonary arrest.

Receive external cardiac compressions (but do not wish for open chest compressions) and
medical attempts at resuscitation in the event of a cardiopulmonary arrest.

Receive open (cutting open the chest cavity - if necessary) chest cardiac compressions and
medical resuscitative services in the event of a cardiopulmonary arrest.

Date:

Signature of Owner or Agent:

I agree to these terms by supplying my digital signature.