



## My Pet's Vet *of Lehigh Acres*

61 Bell Blvd N. Unit 2  
Lehigh Acres, FL 33936  
mypetsvet.net

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\*\*\*ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE  
– ABSOLUTELY NO PAYMENT PLANS OR BILLING\*\*\*

### PET REGISTRATION FORM

Pet's Name : \_\_\_\_\_

Species : Canine \_\_\_\_\_ Feline \_\_\_\_\_ Other \_\_\_\_\_

Breed : \_\_\_\_\_

Color : \_\_\_\_\_

Date of birth / Age : \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/ Neutered \_\_\_\_\_

Any previous illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Is your pet on a special diet or medication? \_\_\_\_\_

Are your pet's vaccines current? Yes \_\_\_ No \_\_\_ If so, where were they done \_\_\_\_\_

Microchip Number \_\_\_\_\_

May we use your Pet(s) picture on our social media? Yes \_\_\_\_\_ No \_\_\_\_\_ ( If yes, signature required)

Signature \_\_\_\_\_

Previous Veterinary Clinic contact information:

\_\_\_\_\_