



Animal Alternatives Holistic Health Clinic
Anne Lampru, DVM, CVA
Linda Register, DVM
 238 E Bearss Ave • Tampa, FL 33613
 Phone: (813)265-2411 • Fax: (813)962-4477



CLIENT INFORMATION

Date: _____

Last Name: _____ First Name: _____

Mailing Address: _____ County: _____

City: _____ State: _____ Zip: _____

Billing Address: _____ County: _____

City: _____ State _____ Zip: _____

Home Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Mobile/Pager:(_____) _____ - _____ Email: _____

DL# _____ Exp: _____ State: _____

Co-Owner Info: _____ Phone: (_____) _____ - _____

Address: _____ County: _____

City: _____ State _____ Zip: _____

Client Work Information

Company: _____

Business Type: _____ Position: _____

Address: _____ County: _____

City: _____ State _____ Zip: _____

Work Phone: (_____) _____ - _____ Work Email: _____

Work Fax: (_____) _____ - _____

PATIENT INFORMATION

| Name | Species | Breed | Color | Sex sp/neu | Birth Date |
|-------|---------|-------|-------|------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

I authorize Dr. Anne Lampru and Dr. Linda Register and/or their assistants to treat the listed patients.
 I understand that the success of treatment can not be guaranteed.
 I understand that payment for services is due at the time they are performed.

Signature: _____