

Welcome to Lakeside Animal Hospital

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share the important information we will need as we support you pet's needs today and in the future. PLEASE PRINT IN ALL SPACES.

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ SS#: _____

Employer: _____ Work Phone: _____

Spouse/Other Employer: _____ Work Phone: _____

Spouse/Other SS#: _____ Alternate Emer. Phone #: _____

Email Address: _____

How did you learn about our practice? ____ Newspaper ____ Yellow Pages ____ Sign/Location

____ Professional Referral (Name): _____

____ Friend or Relative (Name): _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written estimate if requested. In case of extensive medical or surgical procedures, when full payment may be difficult at time of discharge, we accept MasterCard, Visa, Discover, or we can establish a hold check agreement if approved in advance of treatment. There will be a \$25.00 service charge for any returned checks.

To prevent the spread of infectious diseases, all hospitalized and boarding pets must be current on all vaccines. The signature below authorizes this level of preventive care and the appropriate charges will be assessed at the time of pick-up.

Signature: _____

Driver's License #: _____

Cat	Dog	Other	Pet's Name	DOB	Sex	Description

