



# Lake City ANIMAL HOSPITAL

## WELCOME!

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

Client #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Spouse or Co-Owner's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Whom may we thank for referring you?** \_\_\_\_\_

*I understand that payment is expected for all services at the time they are performed and that I can pay by cash, check, Visa, MasterCard, American Express, Discover or Care Credit.*

*I give Lake City Animal Hospital permission to release any pertinent information about my pet to other veterinary health care providers or those people whom I have entrusted with the care of my pet.*

### **MEDIA RELEASE**

*I give Lake City Animal Hospital consent to take photographs, videotape, or digital recordings of my pet(s) and to use these in any and all media, now or hereafter. I further consent that my name and identity may be revealed therein or be descriptive text or commentary for educational purposes.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_