



Lakes Veterinary & Surgical Center

Thank you for choosing Lakes Veterinary & Surgical Center. Please take a moment to familiarize us with you and your pet. For your convenience you may print our Client Information Form and complete it before your pet's first appointment with us.

OWNER INFORMATION

First Name: _____ Last Name: _____
Other Names on Account: _____
Email Address: _____ Driver's Lic #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Street Address (if different from above): _____
Phone: (H) _____ (W) _____ Cell _____
Employer: _____
Employer Address: _____
City: _____ State: _____ Zip: _____
Do you or your spouse qualify for our senior discount (62 years or older)? Yes
Previous veterinary hospital (if transferring): _____

PET #1 INFORMATION

Pet's name that we are seeing today: _____
Pet 1 is Canine Feline Other _____ Neutered Spayed
Breed: _____ Color: _____ Male Female
Date of Birth: _____ Age: _____ Is your pet micro chipped? Yes No
Is your pet currently taking medication? Yes No Name(s) of Medication: _____

PET #2 INFORMATION

Pet's name that we are seeing today: _____
Pet 2 is Canine Feline Other _____ Neutered Spayed
Breed: _____ Color: _____ Male Female
Date of Birth: _____ Age: _____ Is your pet micro chipped? Yes No
Is your pet currently taking medication? Yes No Name(s) of Medication: _____

HOW DID YOU HEAR ABOUT US?

Phone Book Internet/Website Invitation Human Society Newspaper
 Previous Client Saw sign Welcome Basket Flyer
 Referral. Please print first and last name of person who referred you _____
 Other _____

For office use only: Client # _____ W/C R/C# _____ C/S Staff Initials _____

Payment is expected at the time of service. Method of payment for today's services:

VISA Mastercard Discover Card Cash Check Care Credit