

Lakeside Animal Hospital

WELCOME

Please fill out this form, print it and bring it with you at the time of your appointment

Client Information

Date: _____ Social Security #: _____ Birthdate: _____

Name: (Last Name First): _____

Address: _____

Home Phone: () _____ Work Phone: () _____

Employer: _____ Employer Address: _____

Email Address: _____

Emergency Contact Name: _____ Phone: () _____

How did you learn about our practice?: Website: _____ Telephone Book: _____ Saw our Sign: _____

Other: _____

Number of pets (please specify by type): _____

Primary reason for visit: _____

Pet Information

Pet's Name: _____ Dog: ___ Cat: ___ Other: ___

Sex: M: ___ F: ___ Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered Spayed: Yes ___ No ___ At what age?: _____

What age was your pet obtained?: _____

From: Friend ___ Breeder ___ Pet Shop ___ Humane Society ___ Other _____

Reason for obtaining pet: Companion ___ Protection ___ Breeding ___ Show ___ Other ___

Describe your pet's diet: Canned _____ Dry _____ Brand _____

List your pet's current medication: _____ Microchip: _____

Please check any symptoms or problems you've noticed with your pet:

___ Appetite loss ___ Gagging ___ Sneezing ___ Thirst ___ Behavioral Changes

___ Gums Bleeding ___ Breathing Problems ___ Limping ___ Urination Increase

___ Coughing ___ Vomiting ___ Loss of Balance ___ Depression

___ Scooting ___ Weakness ___ Diarrhea ___ Scratching ___ Shaking Head

___ Other: _____

___ Eye Disorders: _____

Pet's History (check all that pet has received):

___ Distemper ___ Feline Leukemia Test ___ Prior Surgery: _____

___ Parvovirus (Dog) ___ Rabies (Dog/Cat) ___ Prior Illness: _____

___ Dental ___ FVRCP (infectious Disease-Cat)

___ Other: _____

Payment Method: Cash ___ Visa ___ MC ___ Discover ___ Amex ___ Care Credit ___

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In the event this account is turned over for collection, I also agree to be responsible for attorney's fees in the amount of 33 and 1/3% (percent) of the outstanding balance. I understand interest will accrue for any balance over 30 days at a rate of 1.5%.

Signature of client responsible for pet (s): _____