

Lakeland Animal Hospital

CLIENT INFORMATION SHEET

Thank you for giving Lakeland Animal Hospital the opportunity to care for your pet.

So that we may become better acquainted, please complete the following:

Owner Phone

Secondary Owner Phone

Email Address

Can we sign you up for email reminders? Yes No

May we post a photo of your pet on Facebook? Yes No

Is the pet owner 62 or older? Yes No

If you answered yes, please provide birthdate

Social Security #

Driver's License Number

How did you become aware of our hospital?

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If recommended by someone please give us their name & phone number so we can thank them!

Name Phone

How old was your pet when you acquired it?

Where did you acquire your pet?

Pet Store Breeder Stray/Shelter Private
Owner Other

List any prior illness, surgery or drug/vaccination reactions we should know about.

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Please discuss with us if your pet is on a special food or medication!

Please request complete medical records from your previous Veterinarian. We can provide you with our fax number or email address for this purpose.

All fees are due upon release of patient. I accept full responsibility for services rendered, and any charges incurred for nonpayment, including, but not limited to finance/service charges, collection fees, and late fees. There will be a \$25.00 fee for any appointments missed or cancelled without giving 24 hour notice.

Signature:

Date: