

# WELCOME TO LAKE STATION PET CLINIC!

We look forward to meeting your new pet!

Please take a moment to fill out this form so we can learn more about you and your pet.

Owner's information

\_\_\_\_\_ Date \_\_\_\_\_ Please check if owner or owner's spouse is 55 years or older in order to receive a senior citizen discount!

\_\_\_\_\_ Owner of pet \_\_\_\_\_ spouse's name (if applicable)

\_\_\_\_\_ Owner's address/city/state/zip

\_\_\_\_\_ Home phone \_\_\_\_\_ work phone \_\_\_\_\_ cell phone

\_\_\_\_\_ Emergency contact and phone \_\_\_\_\_ recommended by anyone? \_\_\_\_\_ Email address for reminders?

Patient's information

\_\_\_\_\_ Pet's name \_\_\_\_\_ breed \_\_\_\_\_ color

\_\_\_\_\_ Birthdate \_\_\_\_\_ intact male \_\_\_\_\_ male/neutered \_\_\_\_\_ intact female \_\_\_\_\_ female/spayed

\_\_\_\_\_ Last vaccination date \_\_\_\_\_ pet's diet (brand name if known) & list any table food

\_\_\_\_\_ Current medications if any \_\_\_\_\_ any other pets in the household?

Financial information

**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 THIS ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES MUST BE PAID AT THE TIME OF RELEASE AND THAT A DEPOSIT MAY BE REQUIRED FOR ADMITTANCE.**

\_\_\_\_\_  
AUTHORIZATION (SIGNATURE)

**Method of payment:** CASH CHECK CREDIT CARD  
(please circle all that apply) (visa, mastercard, discover, amex, & carecredit are accepted)

For check-writing privileges, please provide a valid Driver's license number and Social Security number.

\_\_\_\_\_ DL number, State, expiration date \_\_\_\_\_ SSN#