



Client - Patient Information

****IMPORTANT NOTE:** All checks are run electronically and require a drivers license # to process. Please be aware if your check cannot be processed electronically, we will need another form of payment.

RESPONSIBLE PARTY

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Ph () _____ - _____ Work Ph () _____ - _____ Cell/Other () _____ - _____

Driver's Lic** _____ State _____ D.O.B. _____

Co-Owner Name _____ Co-Owner Phone () _____ - _____

Co-Owner Address (if different) _____

PET INFORMATION – For more than 3 pets, please request additional forms.		
Pet Name _____ Date of Birth _____ <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Rodent <input type="checkbox"/> Pocket Pet <input type="checkbox"/> Rabbit Other _____ Breed _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Color _____ <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Declawed <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Diet _____ Demeanor _____	Pet Name _____ Date of Birth _____ <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Rodent <input type="checkbox"/> Pocket Pet <input type="checkbox"/> Rabbit Other _____ Breed _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Color _____ <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Declawed <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Diet _____ Demeanor _____	Pet Name _____ Date of Birth _____ <input type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Avian <input type="checkbox"/> Reptile <input type="checkbox"/> Rodent <input type="checkbox"/> Pocket Pet <input type="checkbox"/> Rabbit Other _____ Breed _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Color _____ <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Declawed <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Diet _____ Demeanor _____

Please tell us how you heard of us: _____

This is an agreement by and between myself and Lake Howell Animal Clinic to provide veterinary services for my pet(s). **I UNDERSTAND THAT PAYMENT IS DUE AT TIME OF SERVICE AND THERE ARE NO EXCEPTIONS.**

Owner Signature _____ Date _____

Co-Owner Signature _____ Date _____