

LAKESHORE ANIMAL CLINIC
NEW CLIENT FORM

Personal Information:

YOUR NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAIN PHONE: _____ ALTERNATE PHONE: _____

DRIVER LICENSE NUMBER: _____ EMAIL: _____

PREFERRED CONTACT METHOD: TEXT CALL EMAIL

HOW DID YOU HEAR ABOUT US? WEBSITE CLIENT: _____ OTHER: _____

Pet Information:

NAME OF PET: _____ MALE FEMALE NEUTERED/SPAYED

DOG CAT BREED: _____ COLOR: _____

MICROCHIP NUMBER: _____ DATE OF BIRTH/AGE: _____

DATE OF LAST VACCINES: _____ LOCATION OF LAST VACCINES: _____

INFORMED CONSENT:

I HEREBY AUTHORIZE THE DOCTORS OF LAKESHORE ANIMAL CLINIC TO ADMINISTER TREATMENT AS IS NECESSARY AND TO PERFORM PROCEDURES THERAPEUTICALLY AND/OR DIAGNOSTICALLY. I FURTHER UNDERSTAND THAT NO GUARANTEE OF SUCCESSFUL TREATMENT IS MADE. I ALSO ASSUME FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED AND AGREE TO PAY ALL SUCH CHARGES AT THE TIME OF RELEASE.

OWNER SIGNATURE: _____ DATE: _____

SOCIAL MEDIA CONSENT:

I HEREBY GIVE LAKESHORE ANIMAL CLINIC PERMISSION TO TAKE PHOTOGRAPHS OF MY PET FOR THE PURPOSE OF POSTING ON LAKESHORE ANIMAL CLINIC'S FACEBOOK OR CLINIC WEBSITE.

I CONSENT I DECLINE

OWNERS SIGNATURE: _____ DATE: _____

Additional Pets:

NAME OF PET: _____ MALE FEMALE NEUTERED/SPAYED

DOG CAT BREED: _____ COLOR: _____

MICROCHIP NUMBER: _____ DATE OF BIRTH/AGE: _____

DATE OF LAST VACCINES: _____ LOCATION OF LAST VACCINES: _____

NAME OF PET: _____ MALE FEMALE NEUTERED/SPAYED

DOG CAT BREED: _____ COLOR: _____

MICROCHIP NUMBER: _____ DATE OF BIRTH/AGE: _____

DATE OF LAST VACCINES: _____ LOCATION OF LAST VACCINES: _____

NAME OF PET: _____ MALE FEMALE NEUTERED/SPAYED

DOG CAT BREED: _____ COLOR: _____

MICROCHIP NUMBER: _____ DATE OF BIRTH/AGE: _____

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DOG CAT BREED: _____ COLOR: _____

MICROCHIP NUMBER: _____ DATE OF BIRTH/AGE: _____

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