

## Lake Crest Animal Clinic

## Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Owner's Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

I would like to receive my pet's reminders by: (Circle one)

- Email Address: \_\_\_\_\_
- Postcards

Employer Name & Address: \_\_\_\_\_

Spouse Employer Name & Address: \_\_\_\_\_

In Case of Emergency call: \_\_\_\_\_ At phone: \_\_\_\_\_

Name of previous veterinarian: \_\_\_\_\_

We will gladly prepare a written estimate, please ask a receptionist or doctor.  
Fees are due at the time services are rendered.

We accept:

Cash, Check, American Express, Mastercard, VISA, Discover

## PET INFORMATION

Name	Species/ Breed	Color	Sex (spayed or neutered?)	Age/DOB
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**TO HELP US TO PREVENT THE SPREAD OF INFECTIOUS DISEASES, HOSPITALIZED AND BOARDING ANIMALS MUST BE CURRENT ON VACCINATIONS.**

I understand that every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize the doctors and staff of this veterinary clinic to receive, prescribe for, treat medically or perform surgery upon the pet(s) listed above and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. Past due invoices (over 30 days) are subject to a finance charge of 1.5% per month, annual percentage rate of 18% which is allowed by law. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. If I neglect to pick up my pet within 5 days of the discharge date and do not notify Lake Crest Animal Clinic within that time period, you will assume that pet is abandoned. The pet becomes the property of Lake Crest Animal Clinic, all rights of ownership by me are abandoned by the previous owner, and the pet may be disposed of as deemed best and/or necessary by the doctor representing Lake Crest Animal Clinic.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_