



New Patient/Client Information

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

Owner's Name: _____
 Spouse/Other Owner: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____
 Work Phone #: _____
 Cell Phone #: _____
 Spouses Cell #: _____
 Email Address: _____
 Emergency Contact: _____

Professional fees are due at time services are rendered.

We will gladly prepare a written estimate if you so desire, simply ask the doctor.

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

*** Due to insurance requirements and to help prevent the spread of infectious diseases, all hospitalized and boarded animals must be current on ALL Vaccinations, Fecal and Heartworm checks. Vaccinations can be updated at the time of your appointment if they are not current.**

Signature _____ Date _____

Animal Medical History	Pet#1	Pet #2	Pet#3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approx.)			
Sex	M - F	M - F	M - F
Neutered or Spayed?	Y - N	Y - N	Y - N

By my initials, I consent to Lakeway Veterinary Clinic taking my pet's picture, and I understand that it may be used on Facebook and/or www.lakewayvet.com with my pet's first name **only**. I understand that at no time will my name (first OR last) will be used on any form of multimedia.

ACCEPT _____ or DECLINE _____