

LAKE DOW ANIMAL HOSPITAL



New Client and Patient Form

Client Name: _____ Spouse Name: _____

Street Address: _____ Apt./Unit#: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Spouse Phone: (____) _____

Preferred Method of Contact: (Please circle one) Home / Cell / Work

Preferred Method of Contact for Reminders: (Please circle one) Call / E-Mail / Text / Mail

Are you a Senior Citizen? (65+ years) Yes or No

Are you active or retired military/police/first responder? Yes or No

Pet's Name				
Species (Circle One)	Canine	Feline	Other:	
Sex (Circle One)	Female - Spayed	Female - Unspayed	Male - Neutered	Male - Unneutered
Date of Birth				
Breed				
Color				
Current Medications				

Date of Last Vaccines					
Canine					
Rabies	Distemper	Heartworm Test	Fecal	Bordetella	K9 Influenza
Feline					
Feline Leukemia/FIV Test	Rabies	FVRCP	Leukemia		

How did you hear about us? _____

By signing below you agree to pay the balance on your account in full at the time of services are rendered. Please do not hesitate to ask for an written estimate at any time.

Signature: _____ Date: _____