

Lake Mary Veterinary Clinic

Client/Pet Information

Today's Date _____

Owner's Name _____ Phone (____) _____
Last First

Co-Owner _____ Phone (____) _____
Last First

Address _____
Street City State Zip

E-mail address _____ S.S. # _____ - _____ - _____

Driver's License # _____ STATE _____ EXP. _____

DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US!

Work (____) _____ Cell (____) _____

Name of Pet: _____ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: _____ Neutered / Spayed

Breed _____ Color _____

Microchip Number: _____

Indoor _____ Outdoor _____ Birth Date/Age _____

Vaccination History (provide dates if known)

Distemper _____ Rabies _____ Leukemia _____

Bordetella _____ Heartworm Check _____

Name of Pet: _____ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: _____ Neutered / Spayed

Breed _____ Color _____

Microchip Number: _____

Indoor _____ Outdoor _____ Birth Date/Age _____

Vaccination History (provide dates if known)

Distemper _____ Rabies _____ Leukemia _____

Bordetella _____ Heartworm Check _____

** PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED **

We accept cash, checks, Visa, and Mastercard.

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of Lake Mary Veterinary Clinic to administer such 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. I understand that unpaid balances over 30 days are subject to a monthly 1.5% finance charge.

Signature of owner/agent _____ Date _____