



LAKESHORE
VETERINARY SPECIALISTS
&
EMERGENCY HOSPITAL

CLIENT INFORMATION

It is important that you answer all the questions below and that the information given is specific to the client listed.

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Drivers License # _____ SS# _____

Spouse's Name _____ Work Phone _____

Have you been to our hospital before? Yes No

PET INFORMATION

Name _____ Species: Dog Cat Other _____ Color: _____

Breed _____ DOB: _____ Sex: Male Female Spayed or Neutered? Yes No

REFERRING VETERINARIAN

Doctor _____ Hospital _____

PAYMENT INFORMATION

The consultation/examination fee is \$80. Fees for diagnostic procedures are not included in the consult exam fee. Your doctor will discuss diagnostic options during your initial consult.

We accept the following forms of payment. Please indicate how you will pay for the services:

Cash Check (valid driver's license required) Credit Card (Visa / MasterCard)

Your signature below verifies that you are the owner or the authorized agent for the owner of the pet listed and that you accept responsibility for payment of all medical fees.

Client's Signature _____ Date _____