

Lakeview Veterinary Clinic



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____

E-Mail Address _____

Spouse/Other Cell Phone _____ Spouse/Other Work Phone _____

May we have permission to post photos of your pet on our social media pages? Yes ___ No ___

All Fees Are Due At The Time Services Are Rendered

We accept cash, check, or credit (MC, Visa, Discover)/debit. Pet Insurance information is also available.

How did you become aware of our clinic? Previous Client Website Drove By

Other Personal Recommendation (Whom may we thank?) _____

Name	Species	Breed	Color	M/F Neuter/Spay	Birth Date

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Revised: _____ 201__ / _____ 201__ / _____ 201__