

Welcome to CARE! Please fill in all information regarding you and your Pet(s).



Client Information

Owner/Agent _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-Mail Address: _____

Occupation _____

Co-Owner _____

Home Phone _____

Work Phone _____

Occupation _____

Your Previous Veterinarian was:

Dr. _____

Hospital _____

Address _____

Phone () _____

Fax () _____

Do we have a copy of your pets records? _____

How did you hear about us? Whom may we thank for your business?

Drove By ATT Yellow Pages Yellow Book Internet Rescue Group

Current Client _____

We will gladly prepare a formal estimate if you desire. Please ask a Patient Care Coordinator should you choose to request one. FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. A deposit may be required for surgery of hospitalization upon admittance. A billing charge of 1.5% per month (18% per annum) will be charged on all accounts after the first thirty (30) days. We do not accept checks on your first visit with us. ANY CHECKS RETURNED FOR INSUFFICIENT FUNDS, ETC., WILL HAVE A \$30.00 FEE APPLIED. To prevent the spread of infectious diseases and parasites, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

I, the undersigned, assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered or as arranged prior to examination and/or treatment.

Owner/Agent Signature _____ Date _____

Owner/Agent Printed Name _____

Patient Information

Pet's Name _____

Pet's Birth Date _____

Species: Dog Cat Rabbit Ferret

Other: _____

Breed _____ Color _____

Sex Male Neutered

Female Spayed

Pet Insurance Carrier you use?: _____

Your Pet's Microchip #: _____

Where did you get your pet?:

Pet Store Breeder

Rescue Other _____

of Pets in Household: Dogs _____ Cats _____ Other _____

Your Pet is: Indoors/Outdoors Only Indoors

Only Outdoors

When Outdoors your pet is: Loose Leashed

Fenced Other _____

Has your Pet been outside Lake County? Yes

No If Yes, where? _____

Does your Pet visit a Boarding Facility? _____

Name of Facility? _____

How often? _____

Your Pets usual diet is: _____