

Patient Information

	<u>Pet #1</u>	<u>Pet #2</u>	<u>Pet #3</u>	<u>Pet #4</u>
Name				
Species (Dog, Cat)				
Breed				
Date of Birth				
Color				
Sex				
Spayed/Neutered				
Vaccinated This Year?				
Heartworm Tested/Prevention?				
Cat: FELV/FIV Tested?				

Our Pet is (circle one): Member of the family Child's Pet Backyard Pet

Any Previous illness or surgery? _____

Any allergies to vaccinations or medication? _____

Is your pet on any special diets or medication? _____

LAKE CUMBERLAND ANIMAL HOSPITAL

CLIENT/PATIENT INFORMATION

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

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Work Phone _____
Cell Phone _____
Place of Employment _____
Driver's License # _____ Social Security # _____
E-mail Address _____
Spouse's Name _____
Phone _____ Work Phone _____
Place of Employment _____
Driver's License # _____ Social Security # _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED
WE DO NOT BILL

Please indicate choice of payment:

Cash

Check

Visa/ Mastercard

How did you become aware of our clinic?

Drove by

Yellow Pages

Previous Client

Personal Recommendation (Whom may we thank?) _____

Please list any person(s) authorized to bring your/their pets in under your account:

1. _____
2. _____
3. _____

There will be a charge of \$50.00 or 5%, whichever is greater, on all returned checks. If this account is referred to outside collections, I will be responsible for collection fees and/or attorney fees. I will be responsible for payment of all charges incurred on behalf of my animals(s).

Signature _____ Date _____

(over)