



# Welcome to our Clinic!

Thank you for the privilege of providing the quality medical care that your furry family member deserves!

## About you ...

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Res. Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

\*E-Mail: \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Who may we thank for your referral? \_\_\_\_\_

*\*Please note that your email address will be kept confidential and will only be used as a means to contact you for your pets' visits.*

I authorize Lakeshore Animal Clinic to send me email correspondence Yes  No

## About your pet ...

**Pet 1:** Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Colour: \_\_\_\_\_ Special Markings: \_\_\_\_\_

Male: \_\_\_\_\_ (intact \_\_\_\_\_ or neutered \_\_\_\_\_); Female: \_\_\_\_\_ (intact \_\_\_\_\_ or spayed \_\_\_\_\_)

**Pet 2:** Pet's Name: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Colour: \_\_\_\_\_ Special Markings: \_\_\_\_\_

Male: \_\_\_\_\_ (intact \_\_\_\_\_ or neutered \_\_\_\_\_); Female: \_\_\_\_\_ (intact \_\_\_\_\_ or spayed \_\_\_\_\_)

Name of previous Veterinarian if known: \_\_\_\_\_

## About payments ...

Clinic policy requires payment at the end of each appointment. If you are unfamiliar with the cost of veterinary services for your pet, we would be most pleased to provide you with a quote at your request, before any treatments. From time to time, we may require a deposit for major cases prior to commencement of the treatment.

We accept Cash, Visa, Mastercard and Debit.

**SORRY WE DON'T ACCEPT CHEQUES.**

Signed \_\_\_\_\_; Date: \_\_\_\_\_