



Lake Alfred
ANIMAL HOSPITAL

Welcome! We are happy you're here.

Please provide us with complete and accurate contact information.

Owner: _____ Spouse/Partner/Co-Owner: _____

Driver's License #: _____ *REQUIRED if you plan to pay by check.

Address: _____

City: _____ State: _____ Zip: _____ Home

Phone #: _____ Mobile #: _____

Email Address: _____ Employer: _____

Employer Address: _____ Employer Phone: _____

EMERGENCY Contact - Name: _____ Phone: _____

Preferred Contact Method? (circle one) Email Cell Phone Home Phone Mail

How did you hear about us? Referral, who may we thank? _____

Mailer Newspaper Facebook ICSB Other, please explain: _____

1st PET INFORMATION

Pet's Name: _____ Dog Cat Age/DOB: _____

Sex: Male Female Color: _____ Breed: _____

Spayed/Neutered Yes No This pet is for: Companionship Breeding Show Rescue

Is your pet current on all vaccinations?

2nd PET INFORMATION

Pet's Name: _____ Dog Cat Age/DOB: _____

Sex: Male Female Color: _____ Breed: _____

Spayed/Neutered Yes No This pet is for: Companionship Breeding Show Rescue

PAYMENT IS REQUIRED AT TIME SERVICE IS RENDERED.

I, the owner or their authorized agent personally assume responsibility for all charges incurred in the care of all animals of whom I am the owner or their authorized agent. I understand that these charges must be paid at time services are performed. LAAH does accept all major credit cards, cash, checks*w/valid id and Care Credit for your convenience.

Signature of owner/agent: _____ Date: _____