



Office Use Only:
Client info entered into Avimark
Vaccine history entered

New Client Form

We are excited you have chosen us to care for your pet and we look forward to assisting you!

Client Information

Owner's name (First, Last): _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Spouse/Partner name (First, Last): _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Patient Information

Pet's name: _____ Gender: Male Female Neutered Spayed

Breed: _____ Color: _____

DOB or Approximate Age: _____

Pet's name: _____ Gender: Male Female Neutered Spayed

Breed: _____ Color: _____

DOB or Approximate Age: _____

Medical and vaccination records are required for all new patients. Please have your pet's veterinary records emailed to the email address listed below prior to scheduling their first appointment:



Lakealfredah@yourvetdoc.com

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 whom I am the owner or their authorized agent. I understand that these charges must be paid at the time services are performed.

Lake Alfred Animal Hospital does accept all major credit cards, cash, checks with valid ID and Care Credit for your convenience.

Signature of owner/agent: _____ **Date:** _____