



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 assistant you!

If you were referred by an existing client, please provide their First & Last name:

Client Information

Owner's name (First, Last): _____

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Spouse/Partner name (First, Last): _____

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

Patient Information

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

Breed: _____ Color: _____

Birthdate or Approximate Age: _____

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

Breed: _____ Color: _____

Birthdate or Approximate Age: _____

We are happy to call your previous veterinarian to obtain a copy of your pet's records. Please provide us with the following information.

Practice Name _____ City _____ State _____

Phone Number _____

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:** _____