



**WELCOME TO LAKE KATRINE ANIMAL HOSPITAL**

DATE \_\_\_\_\_

OWNER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ HOME NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE TEXT MESSAGES? (CIRCLE) YES OR NO

EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT TO PICK UP/TREAT/PAY FOR MEDICAL EXPENSES FOR YOUR PET**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PET'S NAME \_\_\_\_\_ BREED \_\_\_\_\_ COLOR \_\_\_\_\_ CANINE OR FELINE

PET'S DATE OF BIRTH \_\_\_\_\_ SEX (CIRCLE) MALE OR FEMALE NEUTERED/SPAYED YES OR NO

DOES OUR STAFF AT LAKE KATRINE HAVE PERMISSION TO TAKE PHOTOS OF YOUR PET? YES OR NO

CAN THEIR PHOTOS BE SHARED ON LAKE KATRINE ANIMAL HOSPITAL'S FACEBOOK PAGE? YES OR NO

**\*IF NO THEIR PHOTOS WILL ONLY BE USED TO UPDATE THEIR ACCOUNT AT THE HOSPITAL\***

***ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. WE ACCEPT CASH, CHECK, VISA, MASTERCARD,***

***DISCOVER, AMERICAN EXPRESS, AND CARE CREDIT.***

SIGNATURE OF CLIENT RESPONSIBLE FOR PET(S) \_\_\_\_\_