

LAKE SQUARE ANIMAL HOSPITAL

32628 VISTA AVE, LEESBURG FL 34778

Thank you for giving us the opportunity to care for you pet(s). In order to become acquainted, please complete the following:

CLIENT INFORMATION

Date _____

Name _____ Spouse/co-owner _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell# _____ Work# _____

Place of employment _____ Best time to reach you _____

Drivers license # _____ Social Security # _____

Email _____ DOB _____

How did you hear about us? Online search _____ Website _____ Yellowpages _____

Drive By _____ Other _____ Referral, who can we thank _____

	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			
CANINE VACCINATION HISTORY			
RABIES			
DHLP PARVO			
BORDETELLA			
LYMES			
FECAL (stool sample)			
HEARTWORM TEST/PREVENTION?			
FELINE VACCINATION HISTORY			
RABIES			
FVRCPC			
LEUKEMIA TEST			
FECAL (stool sample)			

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

I hereby authorize the staff of Lake Square Animal Hospital to render any treatment that is deemed necessary for my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me, if time permits, before proceeding with treatment. I understand that I will be financially responsible for all emergency procedures.

Signature of client responsible for pet(s) _____ **Date** _____