



Welcome To Our Practice

Thank you for giving us this opportunity to care for your pet(s). We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please fill out this form completely and bring with you 15 minutes prior to your appointment time. To expedite your check-in process, please fax this form to (513) 874-4869 in addition to bringing this original form to your appointment.

Client Information

Today's Date _____

Owner _____

Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Employer _____

Work Phone (owner) _____

Work Phone (spouse/other) _____

Cell Phone (owner) _____

Cell Phone (spouse/other) _____

E-mail Address _____ @ _____

Emergency Contact Name _____ Phone _____

Other Persons of Legal Age Authorized to Seek Treatment For My Pet(s) _____

Who shall we thank for referral to our clinic? _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand that these charges will be paid at the time services are rendered and that a deposit may be required for any inpatient and/or surgical treatment. The above named individuals are authorized to seek care for my pet(s) and take financial responsibility. I also understand that a fee may be incurred for missed appointments without a 24 hour advance notice of cancellation. Lakota Hills Animal Clinic accepts cash, MasterCard, Visa, CareCredit, and personal checks with photo I.D. only.

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