



Owner/Client Information

Last Name: _____ First Name: _____

Spouse / Other: _____

Street Address: _____ apt#: _____

City: _____ ST: _____ ZIP: _____

Main Phone _____ Alternate Phone _____

E-Mail Address _____

Golden Buckeye (60 or older) Yes No

How did you hear about us? ___ Yellow Pages Book ___ Online ___ Sign/ Live nearby ___ Referral ___ Radio ___ Other

Other / Referred By: _____

How would you like to be contacted? ___ Phone ___ Text ___ Email ___ Postal Mail

Pet Information

Your Pets Name _____ Dog Cat Other _____

Age or Birthday _____ Female Male spayed/neutered

Breed _____ Color _____

Current Medications _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above pet. I assume responsibility for all charges incurred in the care of this animal. Medications/Products will be held until all balances are concluded.

A copy of the Lewis Animal Hospital financial policy is available to you on the clipboard, and posted in each exam room, you may also request a printed copy.

I understand any charges incurred are to be paid at the time of service. There are no payment plans available.

Method of payment I will use today (check all that apply):

- Cash
- Credit – Debit cards
- Check – Electronically processed; MUST provide valid driver’s license
- Humane Society Exam
- I have limited funds available for today and would like to speak with the hospital manager regarding today’s charges.



Signature of owner / agent responsible for pet(s) _____ date _____