

**VILLAGE LAKES VETERINARY HOSPITAL**

CLIENT INFORMATION

**Welcome to Village Lakes Veterinary Hospital. Thank you for giving us the opportunity to care for your pets.  
Please provide ALL requested information**

Name/Title \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_

Driver License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Social Security # \_\_\_\_\_ (for debt collection purposes only)

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

Previous or Regular Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign (Drive By)      Yellow Pages (which book?) \_\_\_\_\_

Internet      Referred by? \_\_\_\_\_

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND /OR PROVIDE A WRITTEN  
ESTIMATE FOR RECOMMENDED PROCEDURES/TREATMENTS

**PROFESSIONAL FEES ARE DUE WHEN SERVICES ARE RENDERED**

DEPOSIT MAY BE REQUIRED FOR PETS BEING ADMITTED TO HOSPITAL

**For your convenience we accept cash, check, VISA, MasterCard, and Discover Card**

**There will be a \$38.00 service fee for returned checks**

Signature \_\_\_\_\_ DATE \_\_\_\_\_ \*\*By signing this

form, I confirm that I am over the age of 18 and am the owner of this pet or acting as an approved agent.

