

# New Client Information

Welcome to Lake Shore Pet Hospital. Please help us provide your pet with the best care possible by completely filling out the the information on this form.



**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mrs. [ ] Mr. [ ] Dr. [ ] Ms. [ ]

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Have you ever been to another veterinary hospital? Yes: [ ] No: [ ] Where?: \_\_\_\_\_

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## Additional Contact:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Authorized to treat pet? Yes: [ ] No: [ ] Initial Here: \_\_\_\_\_

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## How did you hear about us?

Drive By/Signage: [ ] Newspaper: [ ] Web Search: [ ] TV/Radio: [ ] Dauntless Dogs: [ ] Social Media: [ ]

PBA Trade Show: [ ] Former Client of Dr. Ashley: [ ] Rescue Group: [ ] \_\_\_\_\_

Personal Recommendation: [ ] (Whom can we thank?) \_\_\_\_\_ Other: [ ] \_\_\_\_\_

## Save Time & Money!

Yes: [ ] I am interested in substantial savings on the best care for my pet through preventive Wellness Plans!

## Method of Payment Today

For your convenience, at the time services are performed, we accept MasterCard, VISA, American Express as well as cash or check (with a valid driver's license). Please check one: Cash: [ ] Check: [ ] Debit/Credit: [ ]

# Pet Information

Please fill out for all of your pets!

## Pet 1:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: [ ] Female: [ ] Spayed/Neutered?: Yes [ ] No [ ]

Does your pet bite? Yes [ ] No [ ]

Does your pet have allergies? Yes [ ] No [ ]

Has your pet ever had a reaction to vaccines or medications? Yes: [ ] No: [ ]

If yes, what? \_\_\_\_\_

## Pet 2:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: [ ] Female: [ ] Spayed/Neutered?: Yes [ ] No [ ]

Does your pet bite? Yes [ ] No [ ]

Does your pet have allergies? Yes [ ] No [ ]

Has your pet ever had a reaction to vaccines or medications? Yes: [ ] No: [ ]

If yes, what? \_\_\_\_\_

## Pet 3:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: [ ] Female: [ ] Spayed/Neutered?: Yes [ ] No [ ]

Does your pet bite? Yes [ ] No [ ]

Does your pet have allergies? Yes [ ] No [ ]

Has your pet ever had a reaction to vaccines or medications? Yes: [ ] No: [ ]

If yes, what? \_\_\_\_\_

## Pet 4:

Name: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Species (cat, dog, etc.): \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Male: [ ] Female: [ ] Spayed/Neutered?: Yes [ ] No [ ]

Does your pet bite? Yes [ ] No [ ]

Does your pet have allergies? Yes [ ] No [ ]

Has your pet ever had a reaction to vaccines or medications? Yes: [ ] No: [ ]

If yes, what? \_\_\_\_\_