



Lakeshore

Animal Clinic

Boarding & Grooming

ACCOUNT _____ DATE _____

NEW CLIENT INFORMATION FORM

OWNER NAME _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

CITY/STATE/ZIP _____

CELL PHONE _____

DRIVER'S LICENSE _____

EMPLOYER _____

DATE OF BIRTH _____

EMAIL _____

SPOUSE'S NAME _____

SPOUSE'S CELL # _____

SPOUSE'S EMPLOYER _____

SPOUSE'S WORK # _____

HOW DID YOU CHOOSE OUR CLINIC?

- Personal Recommendation Whom may we thank? _____
- Advertisement Which one? _____
- Yellow Pages Which book? _____
- Website
- Drive By / Sign

Previous Veterinary Clinic _____

PAYMENT IS DUE WHEN SERVICES ARE RENDERED OR PATIENT IS RELEASED.

A PREPAYMENT MAY BE REQUIRED FOR IN-HOSPITAL TREATMENT OR SURGERY.

We accept: Cash Check Debit Mastercard Visa AmEx Discover Care Credit

SIGNATURE _____

DATE _____

THANK YOU FOR CHOOSING LAKESHORE ANIMAL CLINIC TO CARE FOR YOUR PET!

5004 S. Stemmons Freeway / P.O. Box 1316, Lake Dallas, Texas 75065
 940-497-PETS (7387) fax: 940-497-7390 www.LakeshoreAnimalClinic.com