

LAKESHORE ANIMAL CLINIC  
NEW CLIENT FORM

About you:

YOUR NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

(MAILING) ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PREFERRED CONTACT METHOD: TEXT  CALL  EMAIL

HOW DID YOU HEAR ABOUT US? WEBSITE  CLIENT: \_\_\_\_\_ OTHER: \_\_\_\_\_

About your pets:

NAME OF PET: \_\_\_\_\_ MALE  FEMALE  NEUTERED/SPAYED

DOG  CAT  BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_

DATE OF LAST VACCINES: \_\_\_\_\_ LOCATION OF LAST VACCINE: \_\_\_\_\_

NAME OF PET: \_\_\_\_\_ MALE  FEMALE  NEUTERED/SPAYED

DOG  CAT  BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_

DATE OF LAST VACCINES: \_\_\_\_\_ LOCATION OF LAST VACCINE: \_\_\_\_\_

**INFORMED CONSENT:**

I HEREBY AUTHORIZE THE DOCTORS OF LAKESHORE ANIMAL CLINIC TO ADMINISTER SUCH TREATMENT AS IS NECESSARY AND TO PERFORM PROCEDURES THERAPEUTICALLY AND/OR DIAGNOSTICALLY. I FURTHER UNDERSTAND THAT NO GUARANTEE OF SUCCESSFUL TREATMENT IS MADE. I ALSO ASSUME FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED AND AGREE TO PAY ALL SUCH CHARGES AT THE TIME OF RELEASE.

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SOCIAL MEDIA CONSENT:**

I HEREBY GIVE LAKESHORE ANIMAL CLINIC PERMISSION TO TAKE PHOTOGRAPHS OF MY PET FOR THE PURPOSE OF POSTING ON LAKESHORE ANIMAL CLINIC'S FACEBOOK OR CLINIC WEBSITE.

I CONSENT       I DECLINE

OWNERS PRINTED NAME: \_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Additional pets:*

NAME OF PET: \_\_\_\_\_ MALE  FEMALE  NEUTERED/SPAYED

DOG  CAT  BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_

DATE OF LAST VACCINES: \_\_\_\_\_ LOCATION OF LAST VACCINE: \_\_\_\_\_

NAME OF PET: \_\_\_\_\_ MALE  FEMALE  NEUTERED/SPAYED

DOG  CAT  BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_

DATE OF LAST VACCINES: \_\_\_\_\_ LOCATION OF LAST VACCINE: \_\_\_\_\_

NAME OF PET: \_\_\_\_\_ MALE  FEMALE  NEUTERED/SPAYED

DOG  CAT  BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

MICROCHIP NUMBER: \_\_\_\_\_ DATE OF BIRTH/AGE: \_\_\_\_\_

DATE OF LAST VACCINES: \_\_\_\_\_ LOCATION OF LAST VACCINE: \_\_\_\_\_