



Welcome
To
LAKESIDE ANIMAL HOSPITAL

OWNER INFORMATION

DATE: ____/____/____

OWNER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

HOW DID YOU HERE ABOUT US: _____

EMAIL ADDRESS: _____

PET INFORMATION

OTHER PETS IN YOU HOUSEHOLD # DOGS: ____ # CATS: ____ DATE LAST VACCINATED ____/____/____
DOG/CAT (circle one) DOG/CAT (circle one)
MALE/FEMALE MALE/FEMALE

PET NAME: _____

PET NAME: _____

BREED: _____

BREED: _____

COLOR: _____

COLOR: _____

AGE/BIRTHDATE: _____

AGE/BIRTHDATE: _____

NEUTER/SPAYED: _____

NEUTER/SPAYED: _____

LAST VACCINES: _____

LAST VACCINES: _____

ALLERGIES: _____

ALLERGIES: _____

AUTHORIZATION:

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR OR TREAT THE ABOVE PET(S). I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE ABOVE LISTED ANIMAL(S). I ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

SIGNATURE: _____ DATE: ____/____/____

OWNER CONSENT FORM

I _____, owner of the above pet(s) I do herby authorize the following persons to make medical decisions and/or have access to my pet's medical records. I understand that I 'm still financially responsible for any and all incurred charges.

Name 1 _____

Name 2 _____

Name 3 _____

Name 4 _____