



Thank you for giving us the opportunity to care for your pet(s)

CLIENT INFORMATION

Date _____

Name _____ Spouse's _____

Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ Spouse's Phone _____

Place of Employment _____ Best time to be reached _____

Driver's License # _____ Social Security # _____ E-mail _____

All Fees are Due at the Time Services are Rendered.

Choice of Payment: Cash Visa/Debit MasterCard/Debit Discover American Express

We do not accept checks unless prior approval by management.

Past Due balances may be subject to legal fees of small claims court collections.

How did you become aware of our clinic? Drove By Yellow Pages Previous Client Other _____

Table with 4 columns: Name, Breed, Date of Birth, Color, Sex & Spayed/Neutered, and 3 columns for Pet # 1, Pet # 2, Pet # 3.

Your Dog's Vaccine History

Table with 4 columns: Rabies, DH(L)P Parvo, Fecal (Stool Sample), Heartworm Test, Bordetella, and 3 columns for Pet # 1, Pet # 2, Pet # 3.

Your Cat's Vaccine History

Table with 4 columns: Rabies, Dist-Rhino-Chlamydia, Leukemia Vaccine, Fecal (Stool Sample), Leukemia Test, and 3 columns for Pet # 1, Pet # 2, Pet # 3.

Our pet(s) is: Member of Family Child's Pet Backyard Pet

Any Previous, serious illnesses or surgeries? _____

Is your pet on any special diets or medications? _____

Any allergies to vaccinations or medication? _____

Would you like to be present during treatment to your pet? Yes No

All information given on this form is correct and accurate to the best of my knowledge. I understand the payment policies set forth by Lazy 5 Vets.

Signature _____ Date _____