

LAZY5VETS

BUILDING RELATIONSHIPS THAT LAST A LIFETIME!

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 _____

	Pet # 1	Pet # 2	Pet # 3
Name			
Breed			
Date of Birth			
Color			
Sex & Spayed\Neutered			

Your Dog's Vaccine History

Rabies			
DH(L)P Parvo			
Fecal (Stool Sample)			
Heartworm Test			
Bordetella			

Your Cat's Vaccine History

Rabies			
Dist-Rhino-Chlamydia			
Leukemia Vaccine			
Fecal (Stool Sample)			
Leukemia Test			

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 _____