

Welcome to **Lake Town Animal Hospital**. It is our privilege to partner with you in helping your pet live its happiest, healthiest life!

### **About You:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
Which is the primary?  Home  Cell  Work SMS Enabled?  Yes  No  
Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse/Co-owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Spouse/Co-owner Cell: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

### **About Your Pet:**

Name: \_\_\_\_\_ Age / Date of Birth: \_\_\_\_\_ Species:  Cat  Dog  
Sex:  Male  Neutered Male  Female  Spayed Female Breed: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_ Microchip/Tattoo: \_\_\_\_\_  
Current Diet (Type/Brand): \_\_\_\_\_  
How much and how often do you feed? \_\_\_\_\_  
Does your pet get treats or table food? (Please list): \_\_\_\_\_  
Lifestyle: \_\_\_\_\_ %Indoors \_\_\_\_\_ %Outdoors

**\*\*Please provide a copy of your pet's medical records, including vaccine history. This information is very important to us in providing complete and proper care for your pet.**

### **Social Media Release:**

I grant permission for Lake Town Animal Hospital to use Photos for the purpose of social media content (i.e. - Facebook, Instagram, Website)

- Use the image only       Use the image and pet's first name  
 I do not grant permission to use my pet's photos as social media content

### **Payment/Treatment Authorization:**

By signing this form, you are authorizing the veterinarians at Lake Town Animal Hospital to examine, prescribe for, treat and/or diagnose the above-listed pet. You understand that every effort will be made to achieve a successful treatment outcome and provisions will be made for safe in-hospital handling and care. Your signature certifies that you are 18 years of age or older and assume responsibility for all charges incurred. You understand that payment is due in full at the time services are rendered.

Signature of Owner/Authorized Caretaker: \_\_\_\_\_ Date: \_\_\_\_\_