

Lake Harriet Veterinary

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please complete **both pages**.

Your Name/Title _____ Spouse/partner _____

Address _____ City _____ Zip _____

Phone number(s): home: _____ work: _____ cell: _____

Preferred phone # is: home/work/cell (please circle one)

Email Address (for e-mail reminder purposes) _____

Your Employer _____ Spouse's Employer _____

Children's names _____

I WILL / WILL NOT be returning to Lake Harriet Veterinary for my primary care needs (circle one)
(if you circle "WILL NOT" we will assume your primary care clinic will send you important reminders)

I DO / DO NOT require child-proof containers for prescription medications (circle one)

In case of EMERGENCY, please call _____ @ Telephone _____

How did you first learn of our hospital?

Neighborhood Phone book The Mix/Coop ad Internet

Friend (please include name for our reward program) _____ Other _____

My interest in holistic medicine is: No interest Some interest Strong interest

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, checks, debit cards, VISA, MasterCard and CareCredit. We charge a \$30 fee for returned checks.

SIGNATURE _____ DATE _____

MORE →

Lake Harriet Veterinary

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog			
Breed			
Description/color			
Age			
Date of Birth			
Male/Female/neutered?			
How Obtained?			
Boarding Kennel if any			
Current Medications			
Special Diet			

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

Details

Please tell us of any other information we should have to best assist you and your pets.