LAKESIDE ANIMAL HOSPITAL
WELCOME!

Marissa Gonzalez, DVM
Veterinarian
Anna Barnes, DVM
Veterinarian
LakesideAnimalHosp@yahoo.com

□ NEW PATIENT / □ RETURNING PATIENT / □ CHANGE (Update)

Client Information

Last Name: _____ **First Name:** _____ **Middle / Suffix:** _____
Street Address: _____ **City:** _____ **State / Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Email Address: **SSN:** **Date of Birth:**

Employer/Name: _____
Street Address: _____ **City:** **State / Zip:**
Work Number:

Emergency Contact Name: _____ **Contact Phone #:** _____
Emergency (Relationship):

How did you learn about our practice?: □ Website / □ Yellow Pages / □ White Pages / □ Walk-In / □ Building Sign
□ Other: _____

Number of Pets in your household (please specify by species): _____

Primary Reason for today's visit? :

Pet Information

Pet's Name: _____ □ Canine / □ Feline/ □ Other: _____
Sex: □ Male / □ Female **Age:** _____ **Birth Date:** _____ **Breed:** _____
Color: **Neutered / Spayed:** □ No / □ Yes, if so at what age?
What age was your pet obtained? _____ **From:?** □ Friend / □ Breeder / □ Pet Shop / □ Humane Society
□ Other:
Reason for obtaining Pet? □ Companion / □ Protection / □ Breeding / □ Show
□ Other :
Describe your pet's diet: □ Canned / □ Dry / □ Brand _____
List your pet's current medication: **Microchip:**

Please check any symptoms or problems you've noticed with your pet:

□ Appetite Loss	□ Gagging	□ Sneezing	□ Thirst	□ Behavioral Changes
□ Gums Bleeding	□ Limping	□ Coughing	□ Vomiting	□ Gums Bleeding
□ Depression	□ Scooting	□ Weakness	□ Diarrhea	□ Breathing Problems
□ Scratching	□ Urination Increase	□ Shaking Head		□ Loss of Balance

□ Other: _____
□ Eye Disorders:

Pet's History (check all that pet has received):

□ Distemper	□ Feline Leukemia Test	□ Prior Surgery:	_____
□ Parvovirus (Dog)	□ Rabies (Dog / Cat)	□ Prior Illness:	_____
□ Dental	□ FVRCP (infectious Disease-Cat)	Other:	

Payment Method: □ Cash / □ VISA / □ MC / □ Discover / □ AMEX / □ Care Credit

Authorization: I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In the event this account is turned over for collection, I also agree to be responsible for attorney's fees in the amount of 33 and 1/3% (percent) of the outstanding balance. I understand interest will accrue for any balance over 30 days at a rate of 1.5%.

Signature of client responsible for pet(s): _____ Date: _____