

# LAKESIDE ANIMAL HOSPITAL

## WELCOME!

Marissa Gonzalez, DVM  
 Veterinarian  
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 Veterinarian  
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NEW PATIENT /  RETURNING PATIENT /  CHANGE (Update)

### Client Information

Last Name: _____	First Name: _____	Middle / Suffix: _____
Street Address: _____	City: _____	State: _____
Primary Phone: _____	Second Phone: _____	Zip: _____
Home / Cell (circle one) _____	Home / Cell (circle one) _____	_____
Email Address: _____ (to receive visit and vaccination reminders)		

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

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

How did you learn about our practice?:	<input type="checkbox"/> Website / <input type="checkbox"/> Yellow Pages / <input type="checkbox"/> White Pages / <input type="checkbox"/> Walk-In / <input type="checkbox"/> Building Sign <input type="checkbox"/> Other: _____
Number of Pets in your household (please specify by species): _____	
Primary Reason for today's visit? : _____	

### Pet Information

Pet's Name: _____	Age: _____	Birth Date: _____	Species: _____
Sex: _____	Color: _____	Neutered / Spayed: <input type="checkbox"/> No / <input type="checkbox"/> Yes, if so at what age?	Breed: _____
What age was your pet obtained? _____	From:?	<input type="checkbox"/> Friend / <input type="checkbox"/> Breeder / <input type="checkbox"/> Pet Shop / <input type="checkbox"/> Humane Society <input type="checkbox"/> Other: _____	
Reason for obtaining Pet?	<input type="checkbox"/> Companion / <input type="checkbox"/> Protection / <input type="checkbox"/> Breeding / <input type="checkbox"/> Show <input type="checkbox"/> Other : _____		
Describe your pet's diet:	<input type="checkbox"/> Canned / <input type="checkbox"/> Dry / <input type="checkbox"/> Brand _____		
List your pet's current medication:	Microchip: _____		

<b>Please check any symptoms or problems you've noticed with your pet:</b>			
<input type="checkbox"/> Appetite Loss	<input type="checkbox"/> Gagging	<input type="checkbox"/> Sneezing	<input type="checkbox"/> Thirst
<input type="checkbox"/> Gums Bleeding	<input type="checkbox"/> Limping	<input type="checkbox"/> Coughing	<input type="checkbox"/> Behavioral Changes
<input type="checkbox"/> Depression	<input type="checkbox"/> Scooting	<input type="checkbox"/> Weakness	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Scratching	<input type="checkbox"/> Urination Increase	<input type="checkbox"/> Shaking Head	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Loss of Balance		
<input type="checkbox"/> Eye Disorders: _____			

\_\_\_\_\_

Client Name:  
Client ID:  
Patient Name / ID: /

<b>Pet's History (check all that pet has received):</b>		
<input type="checkbox"/> Distemper	<input type="checkbox"/> Feline Leukemia Test	<input type="checkbox"/> Prior Surgery: _____
<input type="checkbox"/> Parvovirus (Dog)	<input type="checkbox"/> Rabies (Dog / Cat)	<input type="checkbox"/> Prior Illness: _____
<input type="checkbox"/> Dental	<input type="checkbox"/> FVRCP (infectious Disease-Cat)	<b>Other:</b> _____

**Payment Method:**  Cash /  VISA /  MC /  Discover /  AMEX /  Care Credit  
**(payment in full due at time of service)**

**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: \_\_\_\_\_

# LAKESIDE ANIMAL HOSPITAL

## Disclosure Form

Lakeside Animal Hospital staffing hours are as follows:

Monday – Friday 7:00 a.m. – 7:00 p.m.

- Drop Offs accepted as early as 7:00 a.m.
- Appointment Hours begin at 9:00 a.m. to 6:00 p.m.
- Walk-Ins Welcomed
- Closed on Holidays from closing time (before holiday) at 7:00 p.m. to 7:00 a.m. the following business day or as posted.

Saturday 7:00 a.m. – 1:00 p.m

- Appointments on alternating Saturdays (call ahead for scheduling).

Weekend Kennel Hours are 7:00 a.m. – 10:00 a.m. & 4:00 p.m. to 6:00 p.m.

This is to inform you that we do not have veterinary appointment hours from closing time at 7:00 p.m. on Friday or Holiday to 7:00 a.m. on following business day.

I have read this form and I am aware of the staffing hours.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please Print Full Name: \_\_\_\_\_