



Lake Olympia Animal Hospital
New Client Form

Client Information

Name _____ Date _____
 Spouse's Name _____
 Address _____ City, State, Zip _____
 Home Phone _____ Cell _____ Work _____
 Spouse Cell _____ Spouse Work _____
 (Please circle best contact phone number)
 Email _____ Spouse email _____
 Place of Employment _____ TX D.L. # _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Signature _____

How did you become aware of our clinic?

___ Drive by ___ Yellow Pages ___ Previous Client ___ Internet Search ___ Our Website
 ___ Personal Recommendation (Whom may we thank?) _____

Patient Information

	PET #1	PET #2	PET #3
Name			
Species			
Breed			
Date of Birth			
Color			
Sex: Spayed/Neutered			

Where should we call for previous vaccination and medical history? _____

Our pet(s) is:

___ Member of our family ___ Child's pet ___ Backyard Pet

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

Would you like to be present during treatment of your pet? ___ Yes ___ No