



**LAKEVIEW VETERINARY HOSPITAL, INC.**  
**6245 MEMPHIS STREET**  
**NEW ORLEANS, LOUISIANA 70124**  
**(504) 482-2173**

Thank you for giving Lakeview Veterinary Hospital the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:

MR. \_\_\_\_\_  
MRS. OWNER(S): \_\_\_\_\_ SPOUSE'S \_\_\_\_\_  
MS. Last First Initial Last First Initial  
DR. \_\_\_\_\_

CHILDREN: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address City State Zip Code

RESIDENCE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SPOUSE'S WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SPOUSE'S CELL PHONE: \_\_\_\_\_ OTHER CONTACT #s: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMPLOYER'S ADDRESS EMPLOYER'S PHONE

SPOUSE'S PLACE of EMPLOYMENT: \_\_\_\_\_

TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

If necessary may we contact you at work? Yes or No

How did you become aware of our Hospital?

- Personal recommendation who we may thank \_\_\_\_\_
- Yellow Pages
- Internet
- Hospital Sign
- Other \_\_\_\_\_

All Fees are due upon release of patient. Please indicate your choice of payment.

- Cash
- Check (Driver's License Required)
- MC/VISA/Discover
- Debit

**(PLEASE FILL OUT BACK SIDE)**

**So that we are able to suit your individual needs - which do you feel most applies to you:**

Check **ONE**:

- I feel that my pet is another member of my family.
- I feel that my pet is just a pet.

Check **ONE**:

- I want the best medical care available for my pet, please recommend anything that you feel is necessary for good health
- I want good medical care for my pet, but there is a limit to what I am able to have done.  
I want you to perform only the services that I request.

Check **ONE**:

- I want to learn as much as I can about pet health care, please explain in detail what has been done for my pet or what is needed.
- I would prefer you just summarize what has been done for my pet or what is needed.
- I want my pet healthy, but don't need to know what has been done.

Check **ONE**:

- I prefer to be present when my pet is examined and treated.
- I would rather not see my pet examined and treated.

What prior illness or surgery should we know about? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is your pet currently on a special diet or medication? (Please explain) \_\_\_\_\_  
 \_\_\_\_\_

**PET INFORMATION (Please fill in the following for each pet.)**

	PET 1	PET 2	PET 3
NAME			
SPECIES			
BREED			
DESCRIPTION			
DATE OF BIRTH			
SEX			
ALTERED			
DATES VACCINATED			

Client Signature \_\_\_\_\_

*"Again, thanks for giving us the opportunity to serve you."*