



WELCOME TO LAKE AREA ANIMAL HOSPITAL

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

HOME PHONE#: (____) _____ - _____ CELL PHONE#: (____) _____ - _____

WORK PHONE#: (____) _____ - _____ EXT: _____

DRIVER'S LICENSE #: _____ EXP. DATE: ____/____/____ STATE: _____

E-MAIL ADDRESS: _____

WE'RE HAPPY TO PROVIDE PET PORTAL FREE OF CHARGE TO ALL CLIENTS WHO HAVE AN ACTIVE EMAIL ADDRESS. PET PORTAL IS A SECURE, PRIVATE PET HEALTH WEBSITE THAT GIVES YOU A DIRECT ACCESS TO MANAGE YOUR PET(S) HEALTH 24/7.

PET'S NAME: _____ DOG CAT HORSE OTHER: _____

DATE OF BIRTH/AGE: ____/____/____ SEX: _____ SPAYED NEUTERED

BREED OR DESCRIPTION: _____ COLOR: _____

ANY PREVIOUS MAJOR ILLNESS, KNOWN ALLERGIES, OR MEDICATION REACTIONS: _____

PREVIOUS VETERINARIAN: _____

IS YOUR PET A SERVICE ANIMAL? YES NO

PET'S NAME: _____ DOG CAT HORSE OTHER: _____

DATE OF BIRTH/AGE: ____/____/____ SEX: _____ SPAYED NEUTERED

BREED OR DESCRIPTION: _____ COLOR: _____

ANY PREVIOUS MAJOR ILLNESS, KNOWN ALLERGIES, OR MEDICATION REACTIONS: _____

PREVIOUS VETERINARIAN: _____

IS YOUR PET A SERVICE ANIMAL? YES NO

HOW DID YOU HEAR ABOUT LAKE AREA ANIMAL HOSPITAL?

- | | |
|---|---|
| <input type="checkbox"/> AKC | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> BROCHURE/FLYER | <input type="checkbox"/> PET STORE |
| <input type="checkbox"/> CLIENT/FRIEND REFERRAL: _____ | <input type="checkbox"/> PHONE BOOK- DON'T KNOW |
| <input type="checkbox"/> HUMANE SOCIETY | <input type="checkbox"/> SAW SIGN/ DROVE BY |
| <input type="checkbox"/> INTERNET/WEBSITE | <input type="checkbox"/> SPCA |
| <input type="checkbox"/> LAKE REGION COMMUNITY PHONE BOOK | <input type="checkbox"/> YELLOW BOOK |
| <input type="checkbox"/> NEWSPAPER | <input type="checkbox"/> YELLOW PAGES |