



PATIENT AND CLIENT INFORMATION SHEET

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

OWNER _____ SPOUSE/
PARTNER _____
LAST FIRST MI LAST FIRST MI

CHILDREN _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ PARTNER'S CELL PHONE _____

PLACE OF EMPLOYMENT _____ ADDRESS _____
EMPLOYER TITLE

PARTNER'S PLACE OF EMPLOYMENT _____ ADDRESS _____
EMPLOYER TITLE

IF NECESSARY, MAY WE CALL YOU AT WORK? YES NO WHAT IS THE BEST TIME TO CALL YOU AT HOME? _____

E-MAIL ADDRESS (FOR NLVC USE ONLY): _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? PREVIOUS CLIENT HOSPITAL SIGN OTHER _____
 PERSONAL RECOMMENDATION - WHOM MAY WE THANK? _____

PLEASE LIST ALL OF YOUR PETS: (Please include dogs, indoor/ outdoor cats; small mammals and exotics)

NAME	BREED	BIRTH DATE	SEX	SPAYED/ NEUTERED	COLOR

PAST HISTORY FOR THE PET WE ARE SEEING TODAY:
PLEASE LIST PROBLEMS YOUR PET HAS HAD: _____

IS YOUR PET CURRENTLY UNDER TREATMENT, ON ANY MEDICATION, OR ON A SPECIAL DIET? PLEASE SPECIFY. _____

WHAT HEALTH CARE OR GROOMING PRODUCTS ARE YOU CURRENTLY USING? _____

PLEASE LIST ANY KNOWN DRUG OR FOOD ALLERGIES: _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT. PLEASE INDICATE YOUR CHOICE OF PAYMENT:

CASH CHECK (DRIVERS LICENSE REQUIRED) MASTERCARD / VISA

DATE _____

CLIENT'S SIGNATURE
AGAIN, THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU!