



WELCOME TO GENEVA LAKES ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions that you may have regarding your pet's health. To ensure the best care possible, please take the time to completely fill out this form.

Owner _____ Date _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____ Work Phone _____

Emergency phone/contact _____

Name of spouse/partner _____ Spouse/Partner phone _____

How did you hear about us? Referred by: _____ Website _____ Facebook _____

Email Address _____

Name of Pet _____ Canine _____ Feline _____

Breed _____ Color _____ Date of Birth _____

Male _____ Neutered _____ Female _____ Spayed _____

Vaccination History/previous vet _____

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 this animal. I also understand that these charges will be paid for at the time of discharge and that a deposit may be required for surgical treatment.

METHOD OF PAYMENT: Cash _____ MC/Visa/Discover _____ Care Credit _____

Signature of Responsible Party: _____

