



## **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: \_\_\_\_\_

