## Town and Country Animal Clinic/Lakeview Animal Clinic Client Form $\Box$ 2011 $\Box$ 2012 $\Box$ 2013 $\Box$ 2014

Thank you for giving us the opportunity to care for your pet(s)!! Date **Primary Person on Account** Name \_\_\_\_\_ Address \_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_\_ Cell Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_\_ Work Phone \_\_\_\_\_ May we call you at work?  $\square$  yes  $\square$  no Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_\_ Social Security Number \_\_\_\_\_ **Secondary Person on Account** Name Relationship to Primary Person spouse friend other other same as primary City \_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ same as primary Home Phone \_\_\_\_\_ same as primary same as primary Cell Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_\_ same as primary Work Phone \_\_\_\_\_ Date of Birth \_\_ May we call you at work?  $\square$  yes  $\square$  no Driver's License # \_\_\_\_\_\_ Social Security Number \_\_\_\_\_ How did you become aware of our clinic? □ Drove by □ Phone Book □ Welcome Wagon □ Word of Mouth □ Previous Client Do you have Pet Insurance?  $\square$  yes  $\square$  no Personal Recommendation (whom may we thank?) Patient Information (for new clients): Pet 1 Pet 2 Pet 3 Name Breed Color Sex Spayed/Neuteured? Yes/No Yes/No Yes/No Age or Date of Birth Previous Records? Yes/No Yes/No Yes/No If yes, Clinic name?

All fees are due to time of service. We accept cash, check, money order, VISA, Discover, MasterCard, American Express, Care Credit, and Pet Insurance.

If yes, Clinic Phone #?