



NEW CLIENT INFORMATION SHEET

Thank you for joining our family at Lakeland Animal Clinic and giving us the opportunity to care for your pet. So that we can get to know you better, please complete the following:

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell#: _____ Work#: _____

Email: _____

Spouse's Name (if applicable): _____

Cell#: _____ Work#: _____

Email: _____

How did you hear about us? _____

May we contact you at work regarding your pet? YES or NO

Would you like to opt in for our online Client Portal? YES or NO

May we contact you via text regarding your pet? YES or NO

Please check one:

I want the best medical care available; please recommend anything you feel is necessary.

I want good medical care for my pet, but there is a limit to what I want done.

I want you to perform only the services that I request.

Please indicate your preferred method of payment:

Cash Check Credit Card (Visa, Mastercard, Amex, Discover)

I understand that all fees are due the day services are rendered or upon release of my pet.

Print Name: _____ Today's Date: _____

Signature: _____