Lake Animal Hospital

107 W 16th St._

Storm Lake, IA 50588 (712) 732-2033

www.mylakeanimalhospital.com

NEW CLIENT/ PATIENT OR UPDATING INFO

Client Information and Consent

Owner's Name_____ Date_____

Spouse/Significant Other: _____

Street Address: _____City: _____

State:_____ Zip:_____

Home Phone_____

Primary or Cell Phone:_____

Spouse Cell_____

Work_____

Emergency contact_____Phone_____

May we email and/or text your pets reminders and occasional newsletters to you?_____

Email:_____@_____

Phone for texting:_____

Drivers license# (owner): _____Employer: _____

How did you hear about our clinic_____

Friend (who may we thank?)_____

Internet: Please circle any that apply. Google, Yelp, Yahoo, Facebook, walked by the clinic, Other

Pet Information

Pet Name: _____Dog:_____ Cat:_____

Breed or MIX _____

Age/Date of Birth (or approx.)_____

Color:_____ Sex: (circle) MALE FEMALE Neutered/Spayed?

Current Diet:_____

Where were last vaccinations given?_____

When:_____

Any prior illnesses we should know about?_____

I am the owner of the above pet(s) or am acting as an agent for the owner, and accept full responsibility for all clinic fees. I understand that all clinic fees are to be paid in full when services are performed. This policy helps control the costs on which we base our fees.

For any balances that remain overdue beyond the first 30 days, interest will be assessed at a monthly rate not to exceed 18% per annum, or 1.5% per month.

An estimate of the fees for long term care/hospitalization will be provided upon request. I am financially responsible for the patient described above and agree to pay all fees incurred. I further give my permission as the owner/agent for the owner, to Lake Animal Hospital to proceed with any medical and/or surgical therapy as needed pursuant to my agreement with the doctor. However, I understand that unforeseen changes can and often do occur in treatment and that any medical and/or surgical procedure is attended by some risk and that it is not possible to guarantee the successful outcome of any such procedure. This agreement will form the basis for all future care.

I also understand that in the event that it becomes necessary to take my unpaid debt to collections, I will be responsible for payment of all collection costs, which may include but are not limited to collection agency fees, court costs, finance charges, attorney fees, as allowable by law for the collection of my account balance.

Signature: Date:_____

Please Print Name:_____

I permit and authorize Lake Animal Hospital and it's employees, agents, and personnel who are acting on behalf of the Hospital to use my pet's photograph and first name for purposes related to the business of the clinic, including publicity, marketing, and promotion of the clinic. This may include, but not be limited to, the clinic website, Facebook page, and clinic newsletters.

Signature: Date:_____

(If above isn’t signed, we will exclude your pet from any publicity)