

Lakeside Veterinary Center, LLC
8693 Cherry Lane Laurel, MD 20707
301-498-8387

Welcome to the Lakeside Veterinary Center. We want to thank you for the opportunity to care for your pet. Please provide us with the following information so we can properly input you into our computer as a client. Please do not forget to bring the completed form with you to your appointment.

Owner name: _____ Today's date: _____

If anything has changed since your last visit, please let us know so we can serve you better.

Email address _____ Spouse/Significant Other _____

Address _____

Phone numbers: Cell _____ Home _____ Work _____

New Pet information:

Name _____ Age or date of birth _____

Species (circle one): Dog Cat Rabbit Ferret Guinea pig Chinchilla Rat Reptile Bird Other _____

Breed _____ Color _____ Sex Male Female Unsure

Has your pet been spayed or neutered? Yes No Unsure

Has your pet visited a veterinarian before? Yes No Unsure If yes, where? _____

Is your pet currently on any medications (including heartworm preventive and flea and tick medication)? Yes No

If yes, please specify what medications: _____

General authorization:

I hereby authorize the Lakeside Veterinary Center, LLC veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred in the care for my pet and understand these charges will be paid at the time of my pet's release. I further understand that a deposit may be required for surgical or inpatient care.

Signature of the owner _____ Date _____