

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 information:

Today's date: _____

Name _____ Email address _____

Spouse/Significant Other _____

Street address _____ City _____ State ____ Zip _____

Phone numbers: Cell _____ Home _____ Work _____

Are you or your spouse/significant other? (circle if it applies)

Active military

Senior Citizen

Police officer/Firefighter

Public school teacher

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: _____

I chose to come to the Lakeside Veterinary Center because (circle all that apply):

I saw an advertisement in a phone book

Location is convenient

I drove by and saw sign

A friend recommended you (can you tell us who so we can thank them? _____)

A veterinarian recommended you (can you tell us who? _____)

You see my special species of pet and few others do

I want a second opinion

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 _____