



Lakeshore Veterinary Hospital, Inc.
3207 Campbell Street
Sandusky, OH 44870
419-621-9080

New Client Form

Welcome and Thank You for choosing us to care for your pet(s). Our hospital policy is to provide your pet with quality care. Please take a few minutes to fill out or updated this client information for you and your pet(s). If you have any questions, please don't hesitate to ask.

THANK YOU

Date: _____

Owners Name _____ Significant other _____

Address _____ City _____ State _____

Zip _____ County _____ E- Mail _____

HOW DID YOU HEAR ABOUT US? Please circle Word of Mouth ● Drove By Clinic
 Radio Ad (which station _____) ● Print Ad (where _____) ● Other _____

If we were recommended to you by an established client, they receive a thank you gift certificate.

Whom may we thank? _____

Home Phone _____ Alt # _____

Cell _____ Cell _____

Work Name _____ Work Name _____

Work Phone _____ Work Phone _____

D L # _____ DL # _____

SS# _____ SS # _____

Date of Birth _____ Date of Birth _____

(SS Number required for both Owner and spouse on any account not paid in full)

Pet Name _____ Pet Name _____

Breed _____ Breed _____

Sex _____ Altered Yes _____ No _____

Color _____ DOB _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit is required for treatment.

 Signature of responsible Owner/agent Signature of responsible Owner/agent Date