

# Brandon Lakes Animal Hospital

Client Number \_\_\_\_\_ Date \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Cell Ph (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Client Employer \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of License \_\_\_\_\_

Email Address \_\_\_\_\_

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## All Fees Are Due Upon Patient's Release

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At your request, we will provide a written estimate of fees before any treatment is begun. Actual cost of treatment may vary depending on factors not evident at the time of original examination. A deposit may be required if animals are hospitalized for treatment. *A \$25.00 service charge will be made for any returned checks.*

Owner's Signature \_\_\_\_\_

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## Pet Information

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Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_\_\_ Neutered?

Yes \_\_\_\_\_

No \_\_\_\_\_

Female \_\_\_\_\_ Spayed?

Yes \_\_\_\_\_

No \_\_\_\_\_

Medication(s) \_\_\_\_\_

Medical Problems \_\_\_\_\_

We at Brandon Lakes Animal Hospital sincerely appreciate referrals. Please inform our receptionist of who referred you and your pet to us.

Referred by \_\_\_\_\_