

Welcome to
Forest Lakes Veterinary Clinic

Client Information:

Date: _____

Client Name: _____

SSN OR Driver License #: _____ DOB: _____

Address: _____

Home Phone (____) _____ - _____ Cell Phone: (____) _____ - _____

Employer: _____ Work Phone: (____) _____ - _____

Email: _____

Alternate Contact: _____ Phone: (____) _____ - _____

How did you learn about our practice? _____

Number of pets (please specify by type): _____

Primary Reason for visit: _____

Pet Information:

Pet Name: _____ Dog / Cat / Other: _____

Breed: _____ DOB: _____ Color: _____

Sex: Male / Female – Neutered / Spayed – at what age? _____

What age was this pet obtained? _____ From: _____

Reason for obtaining this pet? _____

This pet's current medication: _____

Pet Name: _____ Dog / Cat / Other: _____

Breed: _____ DOB: _____ Color: _____

Sex: Male / Female – Neutered / Spayed – at what age? _____

What age was this pet obtained? _____ From: _____

Reason for obtaining this pet? _____

This pet's current medication: _____

Authorization:

I understand that Forest Lakes Veterinary Clinic is opened and staffed from 7:30am – 6:00pm Monday – Thursday, from 7:30am – 5:00pm Friday, and from 8:00am – 12:00pm Saturday. The clinic is closed and not staffed at all other hours. After hours care will be provided as deemed necessary by the veterinarian in charge.

As of July 1, 2007, per 3.1 – 796.87:1 of the Code of Virginia, veterinarians are required to provide within 45 of giving a rabies vaccine a copy of the rabies vaccination certificate or the information contained in such a certificate to the Treasurer of the locality in which they practice or the animals resides.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above describes pet(s). I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. All past due balances will be subject to additional charges.

Signed: _____ Date: _____