



New Client Form

Client Name: _____

Spouse / Co-Owner: _____

Street Address: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Would you like reminders sent to you via e-mail and text? Yes No

Driver's License**: _____ DOB**: _____

****This information is legally required in order for us to dispense certain medications.**

Reason for your visit today:

Pet's Name: _____ Species: Canine Feline

Breed: _____ Age (or DOB): _____

Color: _____ Male Female Spayed/Neutered? Yes No

Pet's Name: _____ Species: Canine Feline

Breed: _____ Age (or DOB): _____

Color: _____ Male Female Spayed/Neutered? Yes No

I hereby authorize the veterinarian to examine, treat and prescribe for the above-described pet. I assume responsibility for all charges incurred in the care of the pet. I also understand that all professional fees are due at the time service is rendered. On occasion, my or my pet's likeness may be captured on video or other media. I hereby authorize Lawndale Pet Hospital to use, broadcast, and/or reproduce my pet's likeness in video, print or other media. I understand I will not be compensated for any such use.

We accept cash, all major credit cards, ScratchPay, CareCredit and Apple Pay. We understand an unexpected pet illness may create financial hardship, and financing is available through ScratchPay and CareCredit. You can find links to both options on our website. I have read and understand the above statements and agree to all terms therein.

Signature of client responsible for the pet(s) _____
Date