



**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.

### Owner's

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ E- Mail \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Name \_\_\_\_\_ Work Phone \_\_\_\_\_

DL # \_\_\_\_\_ DOB \_\_\_\_\_

Significant Other \_\_\_\_\_ Cell \_\_\_\_\_

Work Name \_\_\_\_\_ Work Phone \_\_\_\_\_

DL# \_\_\_\_\_ DOB \_\_\_\_\_

If you do not have a DL then please list an alternate state issued ID \_\_\_\_\_

### PET INFORMATION:

Pet Name _____	Pet Name _____
Breed _____	Breed _____
Sex _____ Altered: Yes _____ N _____	Sex _____ Altered: Yes _____ No _____
Color _____ DOB _____	Color _____ DOB _____

**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?** \_\_\_\_\_

I, the undersigned, do hereby grant to Lakeshore Veterinary Hospital, Inc., its representatives and employees the right to take photographs of me and/or my pet(s). I also hereby grant to Lakeshore Veterinary Hospital, Inc., the right to copyright, use and publish the same in print and/or electronically as they see fit. I further agree that Lakeshore Veterinary Hospital, Inc., may use said photographs of me and/or my pet(s) with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration and/or website content.

**SOCIAL MEDIA RELEASE** \_\_\_\_\_ **Accept** \_\_\_\_\_ **Decline**

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