Four Lakes
Veterinary Clinic

# CLIENT INFORMATION

**Thank you for giving our hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following: (PLEASE PRINT LEGIBLY)**

How did you hear about us?

- ☐ Google
  - Did you see our ad? ☐
- ☐ Website
- ☐ Sign/Drive by
- ☐ Facebook
- ☐ Best of Madison/Monona
- ☐ Yelp
- ☐ Madison Essentials Magazine
- ☐ Personal Recommendation (whom may we thank?) _____
- ☐ Other _____

| Client Information | |
|---|---|
| Owner(s): | |
| Address: (*number & street*) | |
| Address: (*city, state, zip*) | |
| Primary Phone: | |
| Cell Phone: | |
| Employment: | |
| Work Phone: | |
| E-mail: | |

May we use your e-mail for your pet(s) vaccination reminders & other correspondence? ☐ Yes ☐ No ***ASK US ABOUT OUR APP***

*Your e-mail address is not shared with outside sources and will be used only for reminders & occasional health alerts or newsletters.*

| Patient Information | Pet Number 1 | Pet Number 2 | Pet Number 3 | Pet Number 4 |
|---|---|---|---|---|
| Name: | | | | |
| Species: (*Canine or Feline*) | | | | |
| Breed | | | | |
| Date of Birth/Age | | | | |
| Color / Markings | | | | |
| Gender: (*Spayed or Neutered*) | | | | |

Please list all clinics where your pet(s) have received care in the past:

Do we have permission to post your pet's photo on our website, social media sites and/or in advertisements? ☐ Yes ☐ No

**Payment Policy**

FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Deposits are required on major medical / surgical cases, trauma cases and emergency work where hospitalization is required. We DO NOT carry open accounts and hope these eight (8) alternatives are convenient to you:

CASH CHECK DEBIT VISA MASTERCARD AMERICAN EXPRESS DISCOVER CARE CREDIT

***A $25.00 charge will be assessed for all returned checks.***

SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:

_____ Date: _____

**Thank you for allowing us to care for your pet!**