



## New Client Information Form

Welcome to Lovers Lane Animal Medical Center. Our staff is dedicated to the optimum patient care and will do our utmost to make you and your pet's visit here as pleasant and beneficial as possible. Please feel free to ask any questions concerning the treatment of your pet or other policies of the clinic. To help us serve you better, please provide us with the following information:

Name: \_\_\_\_\_  
First Last

Spouse/Significant Other's Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
City State Zip Code

Primary Contact Number: \_\_\_\_\_ Spouse/Significant Other's No. \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

Driver's License State & Number: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Significant Other's Place of Employment \_\_\_\_\_ Work No. \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Patient Info	Pet #1	Pet #2	Pet #3	Pet #4
Your Pet's Name				
Species (check one)	___ Dog ___ Cat	___ Dog ___ Cat	___ Dog ___ Cat	___ Dog ___ Cat
Breed (Labrador, Siamese, etc.)				
Color/Markings				
Sex (check one)	___ Boy ___ Girl	___ Boy ___ Girl	___ Boy ___ Girl	___ Boy ___ Girl
Spayed or Neutered? (check one)	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Date of Birth or Age				
Is your pet Microchipped?	___ Yes ___ No <b>Number:</b>	___ Yes ___ No <b>Number:</b>	___ Yes ___ No <b>Number:</b>	___ Yes ___ No <b>Number:</b>

### WE ACCEPT ALL MAJOR CREDIT CARDS

We Accept: Cash, Logo Debit, Visa, Master Card, American Express, and Checks from established clients

I hereby give Lovers Lane Animal Medical Center permission to contact other veterinary practices on my behalf to attain my pets' medical records \_\_\_\_\_.  
Initial

I also authorize \_\_\_\_\_  
First Last Phone Number  
 to make decisions on my behalf regarding the treatment and care of the animals listed above. \_\_\_\_\_  
Initial

### Spa Authorization Disclaimer

All animals admitted for spa services must be current on all vaccinations as deemed necessary by the Veterinarian and current on fecal examination. Patient(s) not current and deemed necessary by the attending Veterinarian will be treated at the owner's expense.

All medical care requiring veterinary attention will be addressed prior to all spa requests which may delay the release time of your pet.

All baths come with a nail trim, ear cleaning, anal gland expression, and 15 minutes of brushing. Any brushing that exceeds 15 minutes may incur additional charges in 15 minute increments. In some cases, if matting is severe the pet may not be able to be brushed without causing pain or discomfort to the pet in which case, shaving would be required. We will NOT shave your pet without your authorization and will call you at the numbers provided below to discuss all options. We are NOT a professional grooming studio, and while our staff do their very best to meet your requests, our staff has only been trained to perform full or partial shaves making specific trim requests difficult to attain. Understand that all efforts will be made to satisfy all reasonable requests and that any requests outside of the full or partial shave are strictly up to the Spa Attendant to approve.

By signing below I state that I have read and agree to all the above set forth terms, and that payment is due at the time your pet is released. I further accept full financial responsibility for all services approved and rendered, regardless of my level of satisfaction unless quality or care has been compromised.

***Finance charges will be added to overdue balance of 30 days or more, and will accrue monthly until the balance is paid in full.***

### **Social Media Release**

I grant Lovers Lane Animal Medical Center, its representatives and employees, the right to take photographs of my, my pet(s) and my property in connection with the aforementioned pet(s) and any and all future pets listed under my authority, care, ownership, and/or responsibility. I authorize Lovers Lane Animal Medical Center, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Lovers Lane Animal Medical Center may use such photographs of me with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising, and Web content. \_\_\_\_\_.

Initial

By signing below I state that all of the information is true and accurate to the best of my knowledge. I also state that I am the owner and responsible party for the animal(s) listed above and that I, and other individuals listed above, have the decision making authority regarding the care and treatment for those pets.

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Signature of owner or agent

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Date