

## West Davis Veterinary Clinic

## Lake Country Animal Hospital

### Welcome To Our Office

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work #: \_\_\_\_\_

How long at present address? \_\_\_\_\_

Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

DL# : \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_

SS#: \_\_\_\_\_

\*provide for check writing privileges

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If applicable:

Spouse Name: \_\_\_\_\_

Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

SS# \_\_\_\_\_

\*provide for check writing privileges

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### Referral Information

Thank you for choosing us for your pets care. Please let us know how you learned of our practice. Circle all that apply:

Sign/Location                  Newspaper                  Internet                  Yellow Pages: (which book) \_\_\_\_\_

Friend/Family Member \_\_\_\_\_                  Professional \_\_\_\_\_

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### Payment Policy

Payment is due at the time of service. In some cases a deposit may be required in advance. You may pay with Cash, Personal Check (**with proper identification**), Visa, MasterCard, American Express, Discover, or Debit. Please discuss all fees with the staff before services are performed to avoid any misunderstandings. Please initial: \_\_\_\_\_