

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

If applicable:

Spouse Name: _____

Cell #: _____

Employer: _____

Work #: _____

Occupation: _____

E-Mail: _____

DL# _____

SS# _____

*provide for check writing privileges

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 _____

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: _____