

Glen Lake Animal Hospital

Patient/Client Information

Thank you for giving us the opportunity to care for your pet.

Owner Name _____ Spouse/Other _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Work Phone _____ Spouse Cell Phone _____

Email Address _____

Previous Veterinary Clinic _____

Pet Name _____ Canine Feline

Breed _____ Color _____ Birth Date _____

Male Female Neutered/Spayed

Pet Name _____ Canine Feline

Breed _____ Color _____ Birth Date _____

Male Female Neutered/Spayed

How did you hear about our clinic?

Yellow Pages
Website

Location/Sign
Previous Client

Humane Society
Referral/Friend

Glen Lake Animal Hospital has my permission to take/use photographs of my pet for social media purposes. YES/ NO

**I WILL / WILL NOT be returning to Glen Lake Animal Hospital for my primary care needs (circle one)
(If you circle "WILL NOT" we will assume your primary care clinic will send you important reminders)
If returning to Glen Lake Animal Hospital, would you prefer reminders via: mail/email/or both.**

We will gladly prepare a written estimate for services. Please ask the Technician/Receptionist or Doctor.
We accept Cash, Check, Visa, Mastercard, American Express, Discover or Care Credit.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.