



Lake City Animal  
Health & Wellness Center

Client & Pet Information Form

Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Last First

Co-Owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ STATE: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Names of Children and ages: \_\_\_\_\_

How did you hear about us?  Individual \_\_\_\_\_  Yellow Pages  
 Hospital Sign  Other \_\_\_\_\_

**DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US!**  
Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Pet Name: \_\_\_\_\_ Male / Female (circle one)

Altered or Spayed ( Yes / No ) \_\_\_\_\_ Canine / Feline (circle one)

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Hours spent outside each day: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

Diet: \_\_\_\_\_ Is your pet microchipped? Yes No

**\*\*PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED\*\***  
**We accept cash, checks, Visa, Mastercard, Discover, American Express, and CareCredit**  
For some treatments or hospitalized care, a deposit may be required. Health care plans requiring comprehensive care of \$500 or more, will require a 50% deposit to begin your pet's treatment. We may offer in-house payment options on a case-by-case basis. We charge 0.15% interest on all outstanding account balances older than 30 days along with a \$2.00 statement handling fee. If you have an account 90 days past due, Lake City Animal Clinic may turn your account over to small claims court. Lake City Animal Clinic charges \$30 for returned checks. By signing below, you agree to the foregoing terms of payment:  
\_\_\_\_\_  
Client/owner Signature Date