



3207 Campbell Street, Sandusky, Ohio 44870

PH: 419-621-9080 Fax: 419-625-8399

E-mail: lvh@northcoastvets.com www.lakeshorevethospital.com

NEW/UPDATE CLIENT FORM

Welcome and Thank You for choosing us to care for your pet(s). Our hospital policy is to provide your pet with quality care. Please take a few minutes to fill out this client information for you and your pet(s). If you have any questions, please don't hesitate to ask. THANK YOU

MODERN CONVENIENCES

PROVIDING US WITH YOUR E-MAIL ADDRESS ENABLES YOU TO PURCHASE PRODUCTS FROM OUR ONLINE STORE, GET REMINDERS AND ENJOY OUR NEWSLETTERS! ~ BY PROVIDING YOUR CELL CARRIER FOR TEXTING PURPOSES, YOU ARE ENABLING US TO TEXT YOU APPOINTMENT AND OTHER REMINDERS.

Owners Name _____ Significant other _____
Address _____ City _____ State _____
Zip _____ County _____ E- Mail _____
If you would like text notification, Number: _____ Carrier _____
Home Phone _____ Alt # _____
Cell _____ Cell _____
Work Name _____ Work Name _____
Work Phone _____ Work Phone _____
D L # _____ DL # _____
SS# _____ SS # _____
(SS Number required for both Owner and spouse on any account not paid in full)

New Pet Info: Name _____ Please list all current pets in your household:
Breed _____
Sex _____ Altered Yes _____ N _____
Color _____ DOB _____
Medications _____

If recommended by an established client, they receive a thank you gift certificate.
Whom may we thank? _____

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pets. I also understand that these charges will be paid at the time of release and that a deposit is required for treatment.

Unpaid balances over 30 days it is subject to interest at 2% monthly. Billing occurs on the 1st of every month. Owner is responsible for all court costs and lawyer fees if account is turned over to collection.

Signature of responsible Owner/agent Signature of responsible Owner/agent Date