

LAKWOOD FOREST VETERINARY HOSPITAL

11802 Louetta Road
Phone (281) 376-1172

Houston, TX 77070
Fax (281) 251-4580

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet(s). Please help us to better meet your needs by taking a few moments to fill out both pages of this information sheet.

Date: _____
Owner Name: _____ Spouse/Other: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
E-mail address: _____
Employer Name and Address: _____
Spouse/Other's Employer Name and Address: _____
In case of EMERGENCY please call _____ at phone number _____

We will gladly provide a written estimate for services if you so desire. Please make your request to a staff member or doctor. Professional fees are due at the time of services rendered, and occasionally a deposit may be required prior to services rendered. If you wish to pay by check or credit card, please complete the following:

Social Security Number: _____ Driver's License Number: _____
(This information will be kept strictly confidential.)

How did you hear about our hospital?

- Personal referral - Is there someone we may thank? _____
 Yellow pages or another telephone directory _____
 Hospital sign? Internet Website?
 Another hospital? If so, which one? _____
 Other? _____

TO HELP PREVENT THE SPREAD OF INFECTIOUS DISEASES, ALL HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINATIONS REQUIRED BY THIS HOSPITAL, AND BE FREE OF EXTERNAL PARASITE INFESTATION.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed on the reverse side. I understand that unforeseeable adverse reactions to treatments are always a possibility. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

(Date)

Signature of Owner or Authorized Agent