

WATERFORD LAKES ANIMAL HOSPITAL

NAME (circle one): Mr. / Mrs. / Miss _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

HOME PHONE:(_____) _____ CELL:(_____) _____ OTHER:(_____) _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US? (check one) Drove by _____ Internet _____ Other _____

REFERRED BY: _____

•Pet's Name: _____

Breed: _____ **Sex :** Intact Male / Intact Female / Neutered Male / Spayed Female

Age: _____ **Color:** _____

Medical Problems: _____

Current Medications: _____

•Pet's Name: _____

Breed: _____ **Sex:** Intact Male / Intact Female / Neutered Male / Spayed Female

Age: _____ **Color:** _____

Medical Problems: _____

Current Medications: _____

Our goal is to provide the highest quality veterinary care to you and your pet. We strive to educate our clients about pet healthcare and encourage your questions. We ask that you be an integral partner in all medical decisions made for your pet.

Through caring, we endeavor to strengthen the human-animal bond. For your convenience, payments may be made by Cash, Check, Visa, MasterCard, Discover, American Express, Care Credit, or debit. Payment is expected at time of service.

Our office may communicate with you in a variety of methods regarding appointment reminders, patient update, pick up times, etc. Please check all acceptable methods of contact:

PHONE: _____ **EMAIL:** _____ **TEXT MESSAGE:** _____

Of the 3 forms listed, which is your preference for us to communicate with you? _____

PHOTO RELEASE: I hereby give Waterford Lakes Animal Hospital permission to take photographs of me and my pet for the purpose of posting on Waterford Lakes Animal Hospital's Facebook, Twitter and website. Do you release and discharge Waterford Lakes Animal Hospital from any and all claims arising out of the use of the photos?

INITIALS: _____ **YES** _____ **NO** _____

CLIENT SIGNATURE: _____ **DATE:** _____

Waterford Lakes Animal Hospital
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Orlando, FL, 32825