

**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**

**Email:** [info@waterfordlakesvet.com](mailto:info@waterfordlakesvet.com)

**Phone:** (407) 382-3818

**Address:** 11951 Lake Underhill Rd.,  
Orlando, FL, 32825