



NEW CLIENT FORM

1) CLIENT INFORMATION:

*****PLEASE PROVIDE A PICTURE I.D.*****

Name: _____ Co-owner's Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone: _____ Work Phone: _____

Co-owner's cell: _____ Co-owner's work #: _____

email Address: _____ Would you like email reminders? YES NO

Employer: _____ SSN: _____ or Driver's License # _____

In case of emergency, call: _____ Relationship: _____ Phone #: _____

How did you become aware of our hospital? Name (so we may thank them): _____

facebook internet search engine radio tv online advertisement other _____

Would you like a hospital tour today? YES NO

2) PATIENT INFORMATION:

Name: _____ Breed: _____ Color _____ DOB _____

Please check appropriate boxes: Male Female Neutered Spayed Canine Feline

List current medications: 1) _____ Current dose given _____

2) _____ Current dose given _____

3) _____ Current dose given _____

Name of Previous/Current Vet: _____ May we call for records? YES NO

Name: _____ Breed: _____ Color _____ DOB _____

Please check appropriate boxes: Male Female Neutered Spayed Canine Feline

List current medications: 1) _____ Current dose given _____

2) _____ Current dose given _____

3) _____ Current dose given _____

Name of Previous/Current Vet: _____ May we call for records? YES NO

Name: _____ Breed: _____ Color _____ DOB _____

Please check appropriate boxes: Male Female Neutered Spayed Canine Feline

List current medications: 1) _____ Current dose given _____

2) _____ Current dose given _____

3) _____ Current dose given _____

Name of Previous/Current Vet: _____ May we call for records? YES NO



3) FINANCIAL POLICY:

Thank you for choosing Laketown Animal Hospital. Our mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of our mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Laketown Animal Hospital requires payment in full at time of service. A minimum deposit of \$150 is required for all new clients and may be higher depending on necessary treatment.

Payment Options:

You can choose from: Cash, Check, Visa®, MasterCard®, American Express®, Discover Card®, Or Care Credit® (a healthcare credit card which offers interest free short-term financing options). Laketown Animal Hospital does not offer payment plans. Laketown Animal Hospital charges \$25 for returned checks.

Deposit:

A minimum deposit of \$150 is required for all new clients. The new client deposit is a one-time deposit that goes toward the client's first visit. If the first visit is more than \$150, the client will owe the balance upon completion of services. If the first bill is less than \$150, LAH will refund the difference to the client. Subsequent appointments will not require a deposit. Patients in need of treatment and care of more than \$300 at first visit will require a deposit of 50% of the estimated charge(s) to begin treatment. Full payment is due at time of service.

Late Arrivals and No-Show Policy:

We strongly encourage all clients to arrive 15 minutes prior to their appointment time. To be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to make it for your appointment. This allows us to reallocate the time to another patient in need of treatment. If you need to cancel your appointment, we do ask that you call at least 12 hours in advance. A cancellation is considered late when the appointment is canceled without a 12 hour advance notice. A "no show" is a missed an appointment without a call to cancel prior to the appointment time. This includes clients who arrive 15 minutes after their scheduled appointment time. There is no charge to the client for a first time "no show" or late cancellation. A second occurrence will result in an office call fee. A third occurrence will result in an office call fee and the patient may be discharged from our practice. If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet. If you are unable to reach us directly please leave a message on our answering machine or send us an email at: laketownanimal@gmail.com.

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES:

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 my pet(s). Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the costs of collection, attorney fees, and court costs in the event collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. I agree to make scheduled contact with Laketown Animal Hospital while my animal(s) is being cared for. If I fail to maintain this contact for two (2) consecutive weekdays (or if I fail to pick up my animal on the date specified), the animal(s) will be deemed abandoned at Laketown Animal Hospital (225 ILCS 115/18 IL Vet Med & Surgery Practice Act) and LAH will be authorized to surrender or rehome (dispose of) the animal(s) as LAH deems best without any further notice to me. I hereby waive notice of abandonment or notice of its intention to dispose of my animal(s), if it is deemed abandoned because I fail to comply with my duties under this paragraph. I hereby give my permission to Laketown Animal Hospital to take, use, publish, broadcast or exhibit photographs, films, tapes, videotapes of me and my pet(s). I hereby release, remiss, discharge Laketown Animal Hospital its officers, partners, directors, employees, principals and their assigns of and from any and all claims, demands or cause(s) of action on account of the taking, use, publication, broadcast or exhibition of the same. Laketown Animal Hospital may re-use and re-publish any such images without further consent or consideration by or to me. In consideration of the home services provided by Laketown Animal Hospital (the Releasee), the receipt and sufficiency of which consideration is acknowledged, the Releasor releases and forever discharges the Releasee, its owners, directors, officers, employees, agents, assigns, legal representatives and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims and demands from the beginning of time until the final completion for or by reason of any damage or loss to property which occurs on property of Releasor which Laketown Animal Hospital is given permission to be in including but not limited to residential property. For the above noted consideration, the Releasor further agrees not to make claim, file suit or in any manner seek indemnity under the provisions of any statute, law, ordinance, and contract or in any manner whatsoever.

By signing below, you agree to the foregoing terms of services, and payment:

Client/Owner Signature Date

STAFF Date
'Subject to credit approval

Laketown Animal Hospital
The Best Friend for your Best Friend

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Dr. Peterson -- Dr. Fisherkeller -- Dr. Blakemore -- Dr. Felgenhauer