

West Davis Veterinary Clinic

Lake Country Animal Hospital

Welcome To Our Office

Name: _____

Date: _____

Home Address: _____ APT #: _____

Home Phone: _____

City, State, Zip: _____

Work #: _____

How long at present address? _____

Cell #: _____

Employer: _____

E-Mail: _____

Occupation: _____

DL#: _____

Other Emergency Contact: _____

SS#: _____

*Provide for check writing privileges

If applicable:

Spouse Name: _____

Cell #: _____

Employer: _____

Work #: _____

Occupation: _____

E-Mail: _____

DL#: _____

SS#: _____

*Provide for check writing privileges

Referral Information

Thank you for choosing us for your pets care. Please let us know how you learned of our practice. Circle all that apply:

*Sign/Location

*Facebook

*Google

*Yelp

*Family/Friend: _____ *Client: _____ *Other: _____

Payment Policy

Payment is due at the time of service. In some cases a deposit may be required in advance. You may pay with Cash, Personal Check (with proper identification), Visa, MasterCard, American Express, Discover, Debit, or CareCredit. Please discuss all fees with the staff before services are performed to avoid any misunderstandings.

Please initial: _____