

## West Davis Veterinary Clinic

## Lake Country Animal Hospital

### Welcome To Our Office

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ 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

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If applicable:

Spouse Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Occupation: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
DL# \_\_\_\_\_ SS# \_\_\_\_\_

\*provide for check writing privileges

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### 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 \_\_\_\_\_ Newspaper \_\_\_\_\_ Internet \_\_\_\_\_ Yellow Pages: (which book) \_\_\_\_\_  
Friend/Family Member \_\_\_\_\_ Professional \_\_\_\_\_

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### 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, or Debit. Please discuss all fees with the staff before services are performed to avoid any misunderstandings. Please initial: \_\_\_\_\_