



**LAKE HOWELL ANIMAL CLINIC**  
 856 Lake Howell Road  
 Maitland, FL 32751

**CLIENT/PATIENT INFORMATION**

RESPONSIBLE PARTY	
Last Name _____	First Name _____
Address (Not P.O.Box) _____	
City _____	State _____ Zip _____
Home Ph ( ) _____ - _____	Work Ph ( ) _____ - _____
Cell/Other ( ) _____ - _____	
Email address _____	
Driver's Lic** _____	State _____ D.O.B. _____
Co-Owner Name _____	
Co-Owner Phone ( ) _____ - _____	

PET INFORMATION FOR MORE THAN 3 PETS PLEASE REQUEST ADDITIONAL FORMS		
PET NAME _____	PET NAME _____	PET NAME _____
D.O.B. / Age _____	D.O.B. / Age _____	D.O.B. / Age _____
Canine _____ Feline _____	Canine _____ Feline _____	Canine _____ Feline _____
Avian _____ Reptile _____	Avian _____ Reptile _____	Avian _____ Reptile _____
Rodent _____	Rodent _____	Rodent _____
Pocket Pet _____	Pocket Pet _____	Pocket Pet _____
Rabbit _____ Other _____	Rabbit _____ Other _____	Rabbit _____ Other _____
Breed _____	Breed _____	Breed _____
Male Female Or Unknown _____	Male Female or Unknown _____	Male Female or Unknown _____
Color _____	Color _____	Color _____
Spay/Neuter _____	Spay/Neuter _____	Spay/Neuter _____
Indoor _____ Outdoor _____	Indoor _____ Outdoor _____	Indoor _____ Outdoor _____
Diet _____	Diet _____	Diet _____

\*\*Please tell us how you heard from us \_\_\_\_\_

**\*\*ALL CHECKS ARE RUN ELECTRONICALLY AND REQUIRE DRIVERS LICENSE # TO PROCESS.**

This is an agreement between myself and Lake Howell Animal Clinic to provide veterinary services for my pet(s). **I UNDERSTAND THAT PAYMENT IS DUE WHEN SERVICES ARE RENDERED AND THAT THERE WILL NOT BE ANY DELAYED PAYMENTS, BILLING OR PAYMENT PLANS OFFERED.**

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_ Date \_\_\_\_\_