

LVH STAFF USE ONLY ABOVE THE DOTTED LINE

NEW CLIENT Y / N UPDATED INFO Y / N WELCOME CARD SENT Y / N RECEPTIONIST'S INITIALS _____



LIBERTY VETERINARY HOSPITAL

CLIENT INFORMATION FORM

CHART # _____

PET OWNER'S, PLEASE FILL OUT THE FOLLOWING INFORMATION:

CLIENT INFORMATION:

TODAY'S DATE _____

NAME (LAST) _____ (FIRST) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

CREDIT CARD # (**) _____ EXP. DATE _____

TYPE (circle one) VISA MASTERCARD DISCOVER (we apologize, but we do not accept American Express)

DRIVER'S LICENSE # (*) _____ SOCIAL SECURITY # (*) _____

* If you do not wish to give both your SS# and DL#, we will not be able to accept personal checks as payment.

** New clients are required to provide a valid Visa, MasterCard, or Discover # in order to write checks. This may be deleted at your request after 1 year, or 3 successful check payments (whichever comes last).

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL PHONE (_____) _____ SPOUSE'S CELL (_____) _____

PRIMARY EMAIL ADDRESS _____

SPOUSE'S NAME _____ WORK PHONE (_____) _____

SPOUSE'S DRIVER'S LICENSE # _____ SPOUSE'S SOCIAL SECURITY # _____

SPOUSE'S PLACE OF EMPLOYMENT _____ SPOUSE'S OCCUPATION _____

For **Non-Urgent** situations what is the best way to reach you? HOME WORK EMAIL CELL

For **Urgent** situations what is the best way to reach you? HOME WORK EMAIL CELL

If you wish to receive updates on LVH events, promotions, etc. via Twitter, Facebook, & other electronic media, visit our website at www.libvethosp.com.

PREVIOUS VETERINARIAN: _____ PHONE # _____

If you wish to authorize anyone else to use your account, please list their name(s) below. PLEASE NOTE - anyone listed in this section will have full access to your pets' records, & will be allowed to purchase items & request any services for your pets. As the primary account holder, you assume financial liability for actions taken by anyone listed as an authorized user. LVH is unable to set varying levels of authority, so if you do not grant FULL access, do not list those persons in this list.

NAME (1st, last) _____ (Relationship to you) _____

NAME (1st, last) _____ (Relationship to you) _____

NAME (1st, last) _____ (Relationship to you) _____

REFERRAL INFORMATION: WE WOULD LIKE TO THANK WHO REFERRED YOU TO OUR HOSPITAL.

HOW DID YOU FIND OUT ABOUT OUR CLINIC?: DROVE BY YELLOW PAGES NEWSPAPER INTERNET

OTHER VETERINARIAN (name) _____ LAKOTA YEARBOOK, SPONSORSHIP, ETC.

OTHER KENNEL/GROOMER (name) _____ WELCOME WAGON HELPFUL HOME BUSINESS

ONE OF OUR CLIENTS (name) _____ OTHER (explain) _____

PLEASE CONTINUE ON BACK