



The Best Friend for your Best Friend

Client Information

(PLEASE PROVIDE A PICTURE I.D.)

Client Name: _____
Address: _____ Apt Number _____
City/ State/Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Social Security Number: _____ Driver's License Number: _____
E mail address: _____ Would you like E-mail reminders ☐ yes ☐ no
In Case of EMERGENCY, please call: _____ Phone: _____
How did you become aware of our hospital?? (So we may thank them) _____

Are you interested in a Wellness Plan ? ☐ yes ☐ no
WOULD YOU LIKE A HOSPITAL TOUR TODAY? ☐ yes ☐ no

Pet Information:

Name: _____ ☐ Canine ☐ Feline
Breed: _____ Color: _____
Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed Pet's Date of Birth: _____

Name: _____ ☐ Canine ☐ Feline
Breed: _____ Color: _____
Gender: ☐ Male ☐ Female ☐ Neutered ☐ Spayed Pet's Date of Birth: _____

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

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®.

Please turn over for additional information

Deposit:

A minimum deposit of \$150 is required for all new clients. Patients in need of treatment and care of more than \$300 will require a deposit of 50% of the estimated charge(s) to begin your pet's treatment. Full payment is due at time of service. Laketown Animal Hospital charges \$25 for returned checks.

Late Arrivals and No Show Policy:

We *strongly* encourage all patients 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 cancelled without a 12 hour advance notice. A “no show” is a patient who misses an appointment without calling to cancel prior to the appointment time. This includes patients who arrive 15 minutes after their scheduled appointment time. There is no charge to the patient 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 email us.

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 that 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 dispose of the pet 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, 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 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

¹Subject to credit approval

Laketown Animal Hospital
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Dr. Blakemore, Dr. Curry, Dr. Fisherkeller, Dr. Luthin, Dr. Morris, and Dr. Peterson