

Lakeview Animal Hospital

11505 Cinema Dr #12
D'Iberville, MS 39540
(228) 207-6864
info@lakeviewah.com
<https://lakeviewah.com>



New Client Form: Welcome to Lakeview Animal Hospital!

Thank you for giving us the opportunity to care for your pet! Please help us meet your needs better by taking a moment to share some important information. Must be 18 years of age or older to complete this form.

Primary Contact Name	Primary Contact Phone Number
<hr/>	<hr/>

Primary Contact Email Address
<hr/>

Employer name:	Employer number:
<hr/>	<hr/>

Secondary Contact Name & Number
<hr/>

Home Street Address
<hr/>

Home City	Home State	Home Zipcode
<hr/>	<hr/>	<hr/>

Pet's Name:	Approximate age/DOB:	Breed:
<hr/>	<hr/>	<hr/>

Color:	Gender:	Spayed/Neutered:
<hr/>	<div><input type="radio"/> Male</div> <div><input type="radio"/> Female</div> <div><input type="radio"/> Unknown</div>	<div><input type="radio"/> Spayed</div> <div><input type="radio"/> Neutered</div> <div><input type="radio"/> Unknown</div>

Previous Veterinarian/Veterinary Hospital

Authorization to obtain previous medical history

- ☐ Yes, full medical history ☐ Yes, vaccinations only ☐ No, not at this time

How did you hear about us?

- ☐ Family/Friend (please indicate below) ☐ Internet/Google search ☐ Facebook/Instagram/Social Media ☐ Referred by Veterinarian
- ☐ HSSM ☐ JCAS/FJCAS ☐ Other (please indicate below) ☐ Website ☐ Tired Dog Rescue

Is anyone in your home (human or pet) allergic to peanut butter or have another allergy?

- ☐ Yes - Peanut Allergy ☐ No Allergies ☐ Yes - other Allergy - Indicate Below

Do you currently use pet insurance, Pet Assure, boarding or daycare facilities, specialty vets, or have any other affiliations you'd like us to know about?

Photograph and Video Release: There may be times we would like to share a photo or video of your pet with our social media sites (including but not limited to our website, Facebook, Instagram, etc.) Please indicate your wishes below:

- ☐ I hereby grant permission to use my pet(s) photograph or video on social media, website, promotional materials, etc, without compensation. Materials will become the property of the hospital.
- ☐ I decline the use of my pet(s) photograph or video on any social media, website, promotional materials, etc.

Notification Settings - We use text messages and email to communicate appointment reminders, as well as your pet's health reminders (vaccines, exams, etc), and occasional emergency closure notices. If you would like to opt OUT of these reminders, please indicate below.

- ☐ I consent to text and email notifications at the above primary cell number and email. ☐ I consent to email notifications ONLY. ☐ I consent to text notifications ONLY. I am aware I will not receive my pet's reminders and will need to use the PetPortal to see when they are due for services. ☐ I decline both email and text notifications. I am aware I will not receive my pet's reminders and will need to PetPortal to see when they are due for services..

New Client/No Show/Short Cancellation Policy:

- New clients are required to make a pre-payment of \$50 to schedule an appointment. This payment is non-refundable but will apply towards the visit.
- No show appointments or those with less than 24 hours prior cancellation will be required to make a pre-payment of \$50 to schedule further appointments. This payment is non-refundable but will apply towards the visit.
- Clients with **repeat** No Show/Short Cancellations may be dismissed from the practice.

Please enter your initials below indicating you've read and understand the New Client/No Show/Short Cancellation Policy

I, _____, the undersigned, am the owner or agent for the owner of the animal(s) described, and I have the full and exclusive authority to execute this consent.

- I certify that I am 18 years of age or older.
- I give permission to doctors, staff, authorized agents, or representatives of this hospital to examine, prescribe for, and treat my pets.
- I agree to pay for all services rendered and medications, goods, and supplies when purchased.
- I understand that all fees are due at the time services are rendered and the hospital accepts cash, check, and all major credit cards.
- I understand that a deposit may be required for surgical or medical treatment.
- I understand that if my pet ever requires overnight hospitalization, there will not be overnight supervision provided.
- I release this hospital from any and all liabilities.

By my signature below, I hereby acknowledge that I agree to all of the above and acknowledge the receipt of a copy of this agreement upon request.

Owner/Agent Name

Date

Owner/Agent Signature

Is there anything else you'd like us to know?

Did you know we have a Pet Portal? Here, you can view your pet's recent health history, download vaccine certificates, request refills, request appointments, and more! Visit our website to learn more!