

# Southlake Animal Hospital

3570 E. Lincoln Highway

Merrillville, IN 46410

(219)942-0909

www.merrillvillevets.com



## Client Information

Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Spouse \_\_\_\_\_ Spouse Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How did you learn about our hospital? (Circle one)

Website Google Yelp Yahoo Bing Facebook Yellow Pages Referral Drive-by Humane Society 2x2 Rescue

If referred to our practice, by whom?

\_\_\_\_\_

## Pet Information

Name of Pet \_\_\_\_\_ Dog Cat Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_ Date of Last Vaccinations \_\_\_\_\_

Veterinary Clinic Name \_\_\_\_\_

## Authorization

I authorize the veterinarians at Southlake Animal Hospital to examine, prescribe for, and treat the above described pet. I understand that the charges for these services must be paid for at the time of service and that a deposit may be required for hospitalized patients. Payments can be made by cash or credit card. Once established, personal checks are also accepted.

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