



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 and Financial Responsibility

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. Personal checks may be accepted in connection with established accounts under unusual circumstances, but only with acceptable current, state-issued picture identification. I agree to pay for all services and products at the time such services or products are provided. I further agree to pay all costs of collection, including, but not limited to, all costs, expenses, fees of dishonored checks, attorney fees and all other charges or fees incurred in connection with recovering any amounts due or owing to Southlake Animal Hospital.

Signature of Owner _____ Date _____