



LAKE HOWELL ANIMAL CLINIC
856 Lake Howell Road
Maitland, FL 32751
407-628-8000

CLIENT/OWNER INFORMATION

First name _____ Last name _____ Email _____
 Address _____ City _____ State _____
 Zip _____ Cell Phone # _____ Home Phone# _____
 Driver's License & State _____
 Co-owner name _____ Phone # _____

PET(S) INFORMATION

Pet name _____ Age/D.O.B. _____ Species _____ Breed _____ Sex: F ___ M ___ Unknown ___ Color(s) _____ Spayed ___ Neutered ___ Indoor ___ Outdoor ___ Diet _____ Is your pet friendly? _____ Shy/nervous? _____ Aggression or biting? _____	Pet name _____ Age/D.O.B. _____ Species _____ Breed _____ Sex: F ___ M ___ Unknown ___ Color(s) _____ Spayed ___ Neutered ___ Indoor ___ Outdoor ___ Diet _____ Is your pet friendly? _____ Shy/nervous? _____ Aggression or biting? _____	Pet name _____ Age/D.O.B. _____ Species _____ Breed _____ Sex: F ___ M ___ Unknown ___ Color(s) _____ Spayed ___ Neutered ___ Indoor ___ Outdoor ___ Diet _____ Is your pet friendly? _____ Shy/nervous? _____ Aggression or biting? _____
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*How did you hear from us? _____

This is an agreement between the client/pet owner and Lake Howell Animal Clinic to provide services for the client's pet(s). The client/pet owner understands that **ALL PAYMENTS ARE DUE AT THE TIME SERVICES ARE RENDERED AND THAT THERE WILL NOT BE ANY DELAYED PAYMENTS, BILLING OR PAYMENT PLANS OFFERED.**

CHECK PAYMENTS WILL NOT BE ACCEPTED WITHOUT A VALID DRIVERS LICENSE

Owner Signature _____ Date _____

Co-owner Signature _____ Date _____