



5001 NE Lakewood Way
 Lee's Summit, MO 64064
 816-373-1098

REGISTRATION

PLEASE PRINT DATE _____

YOUR NAME _____ **SPOUSE/OTHER** _____

Address _____

City _____ State _____ Zip _____

YOUR INFORMATION

Employer _____

Driver's License # _____

D.O.B. _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Children (first name, age) _____

SPOUSE INFORMATION

Employer _____

Driver's License # _____

D.O.B. _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

E-mail: _____

Please send me e-mail reminders for my pet(s) Y N (Please circle)

In case of an emergency call: _____ Phone (____) _____

Name	Dog	Cat	Other	M	F	Spay/Neutered	Breed	Age/Birthdate

PLEASE LIST ALL OF YOUR PETS

When and where were your pet's last vaccinations given _____

How did you first hear of us? Yellow Pages Location/Sign Other _____

Individual we may thank? _____

I give permission for the doctor(s) and staff at Lakewood Animal Health Center to provide the best medical care available for my pet(s) and agree that payment is due in full when services are performed. A deposit may be required on all hospitalized or surgical patients.

Preferred Method of Payment: Circle One Cash Check Credit Card

Your Name _____ Date _____

We will gladly prepare a written estimate upon request.