

We respect your right to privacy.*

CLIENT REGISTRATION

Welcome to our hospital!

Dr. Anna Johnson Dr. Jen Bussen

Your Name		
Address		Apt #
City	State	Zip
Cell Phone	mber? Or altern	ate Phone
Employer		
E-Mail Address Driver'	s License #	State
Spouse or other contact name	Cell Phone	
Your Pet's Name: Does you	ur pet have hea	lth insurance? □ YES □NO
□Dog □Cat Breed	Color	
Date of Birth or Age	Is your pet Sp	ayed/ Neutered? □YES □NO
Which veterinary office has most recently seen your pet?		
Why did you choose Lawrence Veterinary Hospital?		
□Location □LVH website □Internet Search		(Facebook, Google etc)
□Other: □Referred	l by:	
Financial Policy:		
Thank you for choosing Lawrence Veterinary Hospital. Our primary comprehensive veterinary care available for your pet. An important optimal care as easy and manageable for our clients as possible by o Veterinary Hospital requires payment in full at the time of service.	part of the miss	sion is making the cost of
For some treatments, surgeries, or hospitalized care, a deposit may be informed at the time an estimate is provided to you. The remaining discharge from the hospital.		
We require payment at time of service. We accept cash, check Discover, American Express and Care Credit. By signing be		
Signature of guardian/agent presenting this pet for treatme	ent:	

I authorize Lawrence Veterinary Hospital to post pictures of my pet on the hospital's website, Facebook and Instagram pages for marketing and educational purposes unless specifically declined by me in writing.

*We will <u>not</u> post pictures with client faces/other identifying features unless provided additional written consent.