LODI VETERINARY HOSPITAL

705 N. Main St. • Lodi, WI 53555 • (608) 592-3232 • (608) 255-4727 • 800-729-3231

Thank you for giving Lodi Veterinary Hospital the pleasure of caring for your pet's needs. So that we may better serve you, please complete the following:

Date:_____

Owner: _____
First Middle Last

Address:_____
City State Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Employer:_____ Work Phone:(_____)_____

Occupation:_____ May we call you at work? ☐Y ☐ N

E-mail _____ Driver's Lic. # _____

Co-Owner: _____
First Middle Last

Address:_____
City State Zip

Home Phone: (_____)_____ Cell Phone: (_____)_____

Employer:_____ Work Phone:(_____)_____

Occupation:_____ May we call you at work? ☐Y ☐ N

E-mail _____

**In case of emergency and we are unable to reach you, is there someone you would like us to call?

_____ Phone number:(_____)_____

PAYMENTS--All fees are due upon release of patient. We accept cash, check or credit card.

Please list any information about your family or pet which may be important for us to better serve you.

_____

_____

If you are a new client please fill out the following:

Previous Veterinarian/Clinic_____ Phone (____) _____
May we call them? ☐Y ☐ N
If you were referred, whom may we thank? _____