

Lytle Veterinary Clinic

Owner Information

PLEASE PRINT AND FILL OUT COMPLETELY! IT IS IMPORTANT TO YOUR PETS HEALTH

Name: First _____ Middle _____ Last _____ Preferred Contact # _____

Spouse Name: First _____ Middle _____ Last _____ Contact # _____

Mailing Address _____ City, State _____ Zip _____

Employer _____ Work# _____ Spouse Employer _____ Work# _____
(Business Name If Self Employed) (Business Name If Self Employed)

Date of Birth _____ Driver's License # _____ Social Security # _____ Email: _____

How would you like us to contact you? Phone Email Text

Your Pets' Information

	#1	#2	#3
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Both
Pet's Name			
Breed			
Date of Birth			
Color			
Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Vaccinations			
Hospital Name where last Vaccinated			
Special Diets or Meds			
Previous Illness/Surgery			

How did you become aware of our practice? Dr. Referral Personal Recommendation Sign Yellow Pages Dog/Cat Show Other

Referral, By whom? Name _____ If Dr., Clinic name & phone _____

(Who may we thank for referring you?)

Things you want us to know about your pet: _____

FINANCIAL POLICY

In order to maintain high quality veterinary care while keeping out cost under control,

ALL FEES ARE DUE UPON COMPLETION OF SERVICES.

Please indicate you choice of payment: Cash Check Visa MC Discover Care Credit

Policy of Cancellation of Appointments given: (Initial) _____

I authorize this Lytle Veterinary Clinic to acquire any medical or surgical records from my previous veterinarian and/or send copies of any medical or surgical records to any veterinarian and/or pet grooming shop as requested.

Signature _____ Date _____

(At your request, we will gladly provide you with a written estimate of fees before care is provided.)



Lytle Veterinary Clinic

Release and Authorization

Medical Release

Name	Breed	Color	Age	Sex	Altered
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No
					Yes or No

I give Lytle Veterinary Clinic, Inc. permission to release medical and vaccination information on the above mentioned pet(s).

Signature _____

Date _____

Pick-Up Authorization

Authorized Persons

We will not release pet(s) until we have approval from owner.

Name: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship to Owner: _____

Name: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Relationship to Owner: _____

I give permission to the above stated individual(s) to pick up my pet(s) in my absence. I also understand that I must call ahead of time if arrangements have not been made when dropped off.

Signature: _____

Date: _____

Policy on Cancellations of Appointments/No-show

When you do not show up for a scheduled appointment, it creates an unused appointment slot that could have been used for another patient. It is very important that you call within 24 hours in advance to cancel your appointment.

New Clients:

- Any new client will be charged \$25.00 fee if failure to show for their initial visit. This fee must be paid prior to rescheduling your next appointment.
- If new client fails to show or cancels/reschedules an appointment with no 24 hour notice a second time will be charged a \$50.00 fee and will not be rescheduled.

Existing Clients:

- Effective February, 2018 any established client who fails to show or cancels/reschedules an appointment and has not contacted our office with at least 24 hours notice will be considered a No Show and charged a \$25.00 fee. This fee must be paid prior to your next appointment. If for any reason you need to cancel an appointment, please notify our office as a soon as possible.
- Any established client who fails to show or cancels/reschedules an appointment with no 24 hour notice a second time will be charged a \$50.00 fee.
- If a third No Show or cancellation/reschedule with no 24 hour notice should occur the patient may be dismissed from Lytle Veterinary Clinic.
- The fee is charged to the client and is due at the time of the next rescheduling of the next office visit.
- As a courtesy, when time allows, we make reminder calls, emails and text message for appointments. If you do not receive a reminder calls, emails and text message, the above Policy will remain in effect.