

Lee County Veterinary Care

Thank you for giving us the opportunity to care for your companion. To ensure the best care possible for your pet, please take the time to fill out this form completely.

Thank You!

Client Information:

First Name: _____ Last Name: _____

Address: _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Employer/Occupation _____

Email _____

How did you learn about our practice?

Spouse/Co-Owner Information:

Spouse/Co-Owner Name _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Employer/Occupation _____

Emergency Information:

Emergency contact name and phone # _____

Payment

I hereby authorize the veterinarian at Lee County Veterinary Care to examine, prescribe for, or treat any animals brought in under my care. I assume the responsibility for all charges incurred with animals under my care. I also understand that payment is expected at time of release and that a deposit may be required for surgical procedures and/or hospitalization, I am aware that written estimates can be prepared upon request.

*Method of Payment (Circle One) Cash, Check, Mastercard, VISA, or Discover

Signature _____ Date _____