



VETERINARY SPECIALISTS
We're never too busy to care.

EMERGENCY PRE-REGISTRATION FORM

BE READY FOR AN EMERGENCY BEFORE IT HAPPENS!

Please detach and mail, drop off in person, fax to **414.540.6720**, or scan/email this form to **info@lakeshorevetspecialists.com** as soon as possible to ensure your pets are registered.

Please complete all sections below to pre-register your pets for care at Lakeshore Veterinary Specialists.

PET OWNER INFORMATION				Date:
First Name:	Last Name:			
Address:	City:	State:	Zip:	
Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
Alt. Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	
Employer:	Driver's License #:			
Spouse/Other Authorized Party:				
Relationship :		Phone:		
<input type="checkbox"/> I'd like to receive medical records via email		Email address :		
Been to Lakeshore before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, which location?		
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Community Event <input type="checkbox"/> Online Search <input type="checkbox"/> Phone Book				
Select 1 or more. <input type="checkbox"/> Family Vet:		<input type="checkbox"/> Friend/Family:		
PET INFORMATION				
PET#1 Name:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other	Color:
Breed:	DOB:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	
PET#2 Name:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other	Color:
Breed:	DOB:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	
PET#3 Name:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Other	Color:
Breed:	DOB:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRIMARY CARE VETERINARIAN				
Name:		Clinic:		

PAYMENT INFORMATION — The consultation/examination fee is \$93 with an Emergency Veterinarian, \$95 with a Surgeon, \$120 with an Internist or Oncologist, \$140 with a Criticalist, Dermatologist or Neurologist, or \$200 with Rehabilitation. Fees for diagnostic procedures are not included in the initial exam fee. Your doctor will discuss diagnostic options during the visit. A deposit will be required for patients admitted to the hospital with the balance due upon discharge. We accept: Cash, Check (DL required), Visa, MasterCard, Discover, CareCredit, Citi Health, and Wells Fargo Health Advantage. When you use a check as payment, you authorize us to either use the information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. A returned check fee of \$30 will be electronically debited from your account in the event your electronic transfer is returned.

By checking this box, you are authorizing that you are 18 years of age or older.

Your signature below verifies that you are the owner or the authorized agent for the owner of the pet(s) listed and that you accept responsibility for payment of all medical fees.

Client Signature _____ Date _____