



Welcome to our COL Family! We are grateful to be given the opportunity to take care of your furry family members!

Date:** _____ Owner: _____

Phone # _____

Secondary Owner: _____ Phone

Address:

_____ Unit# _____ City, Zip _____

Emergency Contact if different than above _____ Phone # _____

Is it okay if we text your phone? Yes or No

*Email: _____

***Do you prefer communication for follow ups and test results via email, text, or phone call?** (circle)

We will always call to discuss significant abnormalities or concerns in your pets health.

****How did you hear about us?**

Pet' s Name	Breed & color	Birthday- Age	Male/female? Spayed/neutered?

We love social media! We would love to make your pet a star! Your full name and personal information will never be shared. Yes, please make my pet a star! _____ No, thank you. My pet is shy! _____

If you must cancel an appointment, we ask for 24 hours' notice. If canceling a surgical appointment, we ask for 48 hours' notice. Repeated cancellations or no show for appointments will require a non-refundable deposit for future appointments. Current vaccinations are required by Chain of Lakes Animal Clinic before we may admit any animal for surgery or other procedures. These measures are taken to protect the well-being of all animals within our hospital. For dogs, this includes Rabies and DAPP vaccines. Bordetella and Canine influenza vaccines are strongly recommended but not required. For cats, this includes Rabies and FVRCP vaccines.

SIGNATURE: _____