

The Lotus Center
for Veterinary Medicine and Surgery

PATIENT/CLIENT INFORMATION

Welcome to *The Lotus Center*. Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a moment to complete the following information.

Your Name/Title _____ Spouse/Partner _____

Address _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____ Cell Phone _____

Spouse/Partner Work Telephone _____ Spouse/Partner Cell Phone _____

Your Email Address _____ Spouse/Partner Email _____

Your Employer _____ Employer Telephone _____

Spouse/Partner's Employer _____ Employer Telephone _____

Your Driver's License Number _____ State _____ (if you will wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

How do you prefer to be notified of reminders? Phone message _____ Email _____ Post Card _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Direct Mail Brochure Website Yellow Pages Door Hanger Newspaper

Referred by _____

How would you describe your relationship with your pet?

A member of the family included in many family events.

A companion; not part of family but I/we spend a lot of time with him/her.

Pet/hobby; I/we do not interact with him/her a lot but he/she is kept indoors.

Working animal; not perceived as a pet but performs a vital function.

Property only; I/we do not interact with him/her and he/she may be kept exclusively outdoors.

Do you have health insurance coverage for your pet? ____Yes ____No

If YES, please list the carrier: _____

For **NONEMERGENCY** Pet Care, what is your preferred appointment time? Please select 1 or 2 choices.

Monday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM
Tuesday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM
Wednesday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM
Thursday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM
Friday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM
Saturday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM
Sunday	8 AM to Noon	Noon to 5 PM	5 PM to 10 PM

My level of interest in nonwestern medical treatments such as acupuncture, western herbal medicine, and traditional Chinese medicine is:

Very interested

Only interested if there is no viable conventional option

Not interested under any circumstances

Other _____

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash and checks drawn from a local bank. We charge \$20 fee for returned checks.

SIGNATURE _____ **DATE** _____

PATIENT MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations – last date			
DHPLP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Groomer			
Kennel			
Current Medications			
Current Brand of Food			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

