

# CLEAR LAKES ANIMAL WELLNESS

## Patient/Client Information

Save time by printing and completing our registration form prior to your appointment.

Thank you for giving Clear Lakes Animal Wellness the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Date: \_\_\_\_\_

Mr., Mrs., Dr., Ms.: \_\_\_\_\_ Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_, NY Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you become aware of our hospital?

- Yellow Book
- Other Phone Book
- Hospital Sign
- Personal Reference. Who may we thank? \_\_\_\_\_
- Newspaper Advertisement or Article
- Other: \_\_\_\_\_

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.  
We will gladly prepare a written estimate if you desire. Please ask the Doctor or Technician.

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