

LVSES



L O U I S V I L L E V E T E R I N A R Y S P E C I A L T Y &

E M E R G E N C Y S E R V I C E S

13160 Magisterial Drive • Louisville, KY 40223 • 502-244-3036 • Fax 502-244-3046 • www.lvses.com

Client Registration Form

Your Name: _____ Spouse / Partner: _____

Mr / Mrs / Ms / Dr

Home Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about us? _____

How do you prefer to be contacted? Home Work Mobile

Employer: _____ Occupation: _____

Work Address: _____ E-Mail _____

City: _____ State: _____ Zip: _____

Drivers License #: _____ Date of Birth: _____

If we are unable to reach you who may we contact in case of emergency?

Name: _____ Phone: _____

Do you authorize this person to make urgent treatment decisions if you are unreachable? Yes No

Please list additional people we may release information to:

Name: _____ Phone: _____

Pet Name: _____ Species (circle one): Dog / Cat Breed: _____

Date of Birth: _____ Color: _____ Sex: Male Female Spay/Neutered: Yes No

Primary Veterinarian: _____ Clinic Name: _____

Presenting Problem / Special Needs / Concerns: _____

I hereby authorize Louisville Veterinary Specialty & Emergency Services (LVSES) to render medical care for my pet(s) as deemed necessary by my veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for all services to which I consent to by written or verbal estimate. I understand that payment is required in full at the time of discharge.

Signature: _____ Date: _____

State-of-the-Art Medicine with a Caring Touch