

THOMPSON'S VETERINARY CENTER  
3631 HIGHWAY 60 EAST  
LAKE WALES, FLORIDA 33898  
863-676-5922

THOMPSON'S VETERINARY CENTER **DOES NOT** ALLOW BILLING OF ANY KIND, NOR DO WE ACCEPT CHECKS. **THERE ARE NO EXCEPTIONS.**

**CLIENT INFORMATION:**

Date: \_\_\_\_\_ Your Email Address: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PET INFORMATION:**

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: \_\_\_ Dog \_\_\_ Cat Other: \_\_\_\_\_  
Sex (Spayed or Neutered): \_\_\_\_\_  
Vaccination Dates: \_\_\_\_\_  
Heath Problems: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: \_\_\_ Dog \_\_\_ Cat Other: \_\_\_\_\_  
Sex (Spayed or Neutered): \_\_\_\_\_  
Vaccination Dates: \_\_\_\_\_  
Heath Problems: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: \_\_\_ Dog \_\_\_ Cat Other: \_\_\_\_\_  
Sex (Spayed or Neutered): \_\_\_\_\_  
Vaccination Dates: \_\_\_\_\_  
Heath Problems: \_\_\_\_\_

**Please put any additional information that may be useful to the veterinarian on the back of this page.**

Has your pet been seen by another veterinarian? Yes \_\_\_\_\_ No \_\_\_\_\_  
Previous Veterinarian's name: \_\_\_\_\_  
Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
How did you hear about Thompson's Veterinary Center? \_\_\_\_\_