

OWNER INFORMATION

**Lakeside Veterinary Services
25352 HWY 82
Park Hill, OK, 74451
918-453-2655**

OWNER'S NAME: _____ CELL PHONE: _____

SPOUSE'S NAME: _____ CELL PHONE: _____

MAILING ADDRESS: _____ HOME PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____

EMPLOYMENT: _____ WORK PHONE: _____

SPOUSE'S EMPLOYMENT: _____ WORK PHONE: _____

TAX EXEMPT #: _____ EXPIRATION DATE: _____

ADDITIONAL PERSON(S) AUTHORIZED TO REQUEST TREATMENT:

I authorize the veterinarian to examine, prescribe for, or treat my animals. I understand that all charges are to be paid when my animal is discharged and that a deposit may be required before surgery or extended treatment.

In the event of an emergency, I authorize this establishment to provide life-saving treatment and/or pain medication for my animals at my expense until I can be notified.

In the event my pet is found and brought to this clinic, I will be responsible for any boarding, necessary vaccinations, and/or parasite treatments given to my pet.

Signature of Owner or Responsible Person **Date**

Signature of Parent or Guardian if under eighteen