



Lunsford Veterinary Care Center Client Information Form

Name: _____ Driver's License #: _____
Spouse: _____ Driver's License #: _____

Mailing Address: _____
City/State/Zip: _____

Home Phone: _____ Spouse's Cell: _____
Cell Phone: _____ Spouse's Employer: _____
Employer: _____ Spouse's Work Phone: _____
Work Phone: _____
Alternate Contact: _____

Email address: _____

I prefer to receive reminders by:

Regular mail E-mail

How did you find out about Lunsford Veterinary Care Center?

- Phonebook Ad
- Signage
- Website
- Friend / Family / Coworker
- Other (please specify): _____

If you were referred by someone, please give their name so we may thank them.

Referred by: _____

I am aware that this office does not bill and I am responsible for payment in full at the time services are rendered. I hereby authorize Dr. Lunsford and / or other staff veterinarians to examine, prescribe for, and treat my animals.

Signature: _____ Date: _____