



8787 Columbine Rd.
Eden Prairie, MN 55344
952-942-5506

Owner's Name: _____ Spouse/Other: _____

Address: _____ City/State: _____ Zipcode: _____

Primary Phone: _____ Email: _____

Employer Name: _____ Employer Phone: _____

How do you prefer us to contact you regarding your pet (s)' health?

- Primary phone
- Email
- Other _____

- Please sign me up for Anderson Lakes Animal Hospital's Monthly Newsletter!

How did you hear about our clinic?

- Individual: Someone we may thank? _____
- Internet: Which site? _____
- Humane Society: Which one? _____
- Yellow Pages
- Hospital Location
- Other: _____

Pet's Name _____ Species: __ Canine __ Feline __ Rabbit __ Ferret __ Other

Breed: _____ Color/Description: _____

Date of Birth: _____ Sex: _____ Spayed/Neutered? Yes or No

Microchip/Tattoo ID number: _____

***Please provide information regarding any previous Veterinary care, including vaccination history/due dates and medical conditions/medications we should be aware of.**

We will gladly prepare a written estimate for services. Please ask the Technician/Receptionist or Doctor.
PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Picture Release: I understand and approve that Anderson Lakes Animal Hospital may take pictures during the course of my visit for use on their website or in our monthly newsletter. Anderson Lakes Animal Hospital may use pictures of clients/patients for promotional and publicity purposes without liability or obligations to the participants.

By signing below I agree to the above terms and conditions.

Signature: _____

We accept cash, check, Visa, Mastercard, Discover or Care Credit.