



Lifelong Pet Health Care

Gail Litfin, DVM 2855 Kansas Place, Topeka, KS 66605 (785) 267-0391

Client Information

Date _____ Name _____
Last Name First Name Middle Initial Mr. Mrs. Ms.
Other _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Significant Others Name: _____ Cell Phone _____

Whom may we thank for referring you? _____

E-mail Address _____ D.L. # _____ State _____
If provided this will be for Lifelong Pet Health Care use only! (Reminders, Specials, etc.)

Employer _____ Occupation _____

Besides yourself, in case of emergency, who should we contact? _____ Phone _____

Pet Information

Pet's Name _____ Sex: Spayed Neutered Unknown

Birthdate _____ Age _____ Breed _____ Color _____

Species: Canine Feline

Describe the reason for your pet's visit _____

Payment Policy

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from all internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) _____ Date _____

I will be paying with _____ Cash _____ Check _____ Visa/MasterCard _____ Money Order