

WELCOME TO LVS

*If you ever have any questions about your pet's care, please call us at 989-693-6201
Please note all no show appointments without advanced notice will be charged for an
office call*

CLIENT INFORMATION

OWNER NAME: _____

SPOUSE NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME # _____

CELL #: _____ SPOUSE CELL #: _____

*Please let us know what Pharmacy you use for your human medications.
Sometimes it can be less expensive to call your pet's medications into a pharmacy.*

PRIMARY PHARMACY / CITY: _____

PHARMACY PHONE #: _____