



Lifelong Pet Health Care

Email: lifelongpetstaff@gmail.com

Dr. Gail Litfin, DVM - 2855 Kansas Place, Topeka, KS 66605 - Phone: (785) 267-0391 - Fax: (785) 267-2575

Client Information

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

Address _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Significant Others Name: _____ Significant other's cell _____

E-mail Address _____

Lifelong Pet Health Care use only, for vaccine/medical records, lab results, imaging results and reports.

D.L. # _____ State _____

Whom may we thank for referring you? _____

Employer _____ Occupation _____

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

Pet Information

Pet's Name _____ Sex: Male Neutered
Female Spayed

Birthdate _____ Age _____ Breed _____
Color _____ Unknown

Species: Canine Feline

Describe the reason for your pet's visit _____

Please fax/email vaccines and medical history prior to visit, if applicable. Fax: 785-267-2575 or lifelongpetstaff@gmail.com

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. In-clinic care credit application processing (2 forms ID required), with results in minutes.

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 _____ AMEX/Discover _____ Visa/MasterCard _____ Care Credit _____