

WELCOME TO OUR HOSPITAL !!

Thank you for giving us the opportunity to care for your pet! Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

PLEASE PRINT IN ALL SPACES.

NAME _____ CO-OWNER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: HOME _____ CELL _____ CO-OWNER CELL _____

E-MAIL ADDRESS _____ CO-OWNER E-MAIL ADDRESS _____

EMPLOYER _____ WORK PHONE _____

CO-OWNER EMPLOYER _____ CO-OWNER WORK PHONE _____

At what time (_____) & at what phone number (_____) may we call you about your pet?

Who would we ask for? _____ Alternate Emergency Name and Number _____

Has your pet been microchipped? **Y / N** Would you like more information regarding microchipping? **Y / N**

For New Clients: How did you FIRST learn about us? (Check ONE box that tells how you FIRST heard of us)

Drove by, Saw Sign/Building Internet Search Website (please list site) _____

Dex Yellow Pages Verizon Yellow Pages The Yellow Book Telephone Information (411)

AAHA-Web Referral Returning Client Humane Society Other: _____

Referred by Primary Veterinarian (Clinic and DVM name): _____ (phone) _____

Referred by friend, relative or organization (Name): _____

Cat	Dog	Other	Pet's Name	DOB	Sex: Male/Neutered Female/Spayed	Breed/Color

- May we share patient history with (initial boxes) **Specialty Clinics (Ophthalmology, U of M etc)**
- Emergency Clinics (please keep in mind this may delay Emergency care if this box is not initialed)**
- Boarding facilities** **Grooming facilities** **None** **Other (list)** _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, or Care Credit, an interest-free payment plan. There will be a \$30.00 service charge for any returned checks.

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