



Client Information

Today's Date: _____

Owner's Name: _____ Spouse's Name: _____

Children (First Name & Age) _____

Address: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Alternate Telephone: _____

Company: _____ Spouse's Company: _____

Address: _____ Address: _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.
PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE. Please complete the following:

Driver's License #: _____ Spouse's Driver's License #: _____

Social Security #: _____ Spouse's Social Security #: _____

Date of Birth: _____ Spouse's Date of Birth: _____

Pet's Name: _____

Species (Cat, Dog, Other) : _____

Breed: _____

Color: _____

Age: _____

Sex: M / F

Reproductively Altered? Yes No

How did you hear of our hospital?

Individual (If so, whom?)

Yellow Pages

Hospital Sign

Printed Publication

Website

Online Search

We consider our pet to be:

Members of the family

Child's Pet

Backyard Pet

TO PREVENT THE SPREAD OF INFECTIOUS DISEASE AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet. Should this account go delinquent, we at our discretion will be able to add on any interest, billing charges, court costs, filing fees or collection charges; per Michigan law.

Signature: _____

Comments: _____

