

Thank you for giving us the opportunity to care for your pet(s). So we may become better acquainted, please complete the following:



Date: _____

Owner's Information:

Name: _____
Spouse Name: _____
Street Address: _____
City: _____
State & Zip Code: _____
Primary
Phone #: (____) _____ cell / home
Secondary
Phone #: (____) _____ cell / home
DOB: _____
Email address: _____
Driver's License #: _____
(License # is required for dispensing Controlled Substance Prescriptions)

Owner's Employer Information:

Name: _____
Street Address: _____
City: _____
State & Zip: _____ Phone: (____) _____

Spouse's Employer's Information:

Name: _____
Street Address: _____
City: _____
State & Zip: _____ Phone: (____) _____
Phone #: (____) _____

What is your preferred method of contact?

For lab results and appointment reminders:

- Phone call: primary or secondary # above (circle one)
- Email: _____
- Text

What is your preferred method of contact?

For vaccination reminders, clinic news, etc.:

- Phone call: primary or secondary # above (circle one)
- Email: _____
- Text
- Postcard

Pet Information:

Name: _____
Species: Canine Feline (please circle)
Breed: _____
Color: _____
Markings: _____
Gender: Female / Spayed Male / Neutered
Circle appropriate classification
Weight: _____
Date of Birth: _____

Other Pets in household:

Name: _____ Species: K9 / Feline Breed: _____ Age: _____
Name: _____ Species: K9 / Feline Breed: _____ Age: _____
Name: _____ Species: K9 / Feline Breed: _____ Age: _____
Name: _____ Species: K9 / Feline Breed: _____ Age: _____

Previous veterinarian: _____
Phone #: (____) _____

Has your pet had any allergies to Vaccinations or Medication? No Yes - Explain: _____

Is your pet on a Special diet or Medication?: No Yes - List: _____

How did you find our clinic? (Please circle) Hospital Sign Website Mailer/Brochure Internet Other: _____

Referral by an individual (*Whom may we thank?*) _____

If possible please email/fax this form to our office prior to your visit or arrive 10-15 minutes early to allow time for us time to prepare your pets' medical record. (248) 478-0683 fax#

We can only accept cash, credit card or CareCredit with all first time visits. Sorry for any inconvenience this may cause.