

HASLETT ANIMAL HOSPITAL

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information.

Date: _____

Owner's Name: _____

Alternate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____

Work #: _____ Alternate Work #: _____

Cell #: _____ Alternate Cell #: _____

Email address: _____

Employer Name: _____

Employer Address: _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PAYMENT IS DUE AT THE TIME OF SERVICE.** Please complete the following information if planning to pay by personal check.

Driver's License #: _____

Date of Birth: _____

How did you hear of our hospital?

- Individual; someone we may thank? _____ Hospital Sign
 Internet Phonebook Other: _____

We consider our pet(s) 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. Per Michigan law, we are allowed to add any interest, billing charges, collection charges, court costs or filing fees on delinquent accounts.

Signature: _____

PETS NAME:

SPECIES - CAT, DOG OR OTHER:

BREED:

COLOR:

AGE:

SEX - MALE OR FEMALE:

PET SPAYED OR NEUTERED: YES OR NO