

Welcome to Pet Vet Family Pet Care Center

So that we can serve you and your pet in the best way possible, please fill out the new client/pet information on **both sides of this form** as completely as possible. In the interest of clarity, please print. If you have more than four pets, please ask for additional forms.

TODAY'S DATE _____

(For office use only) Client ID # _____

CLIENT (OWNER) INFORMATION (Please use back for pet info)

Who is the primary owner of the pet(s)?

The "primary owner" should be the person with whom we will have the most contact; in other words, the person who is most likely to call to make appointments and who is mostly likely to bring the pet to the clinic.)

Primary Owner's name: _____

Address _____
(Please include Apt# if applicable)

City _____

State _____ Zip Code _____

COUNTY Kalamazoo / Van Buren / Allegan / _____
(Other)

Owner's CELL phone (_____) _____

Owner's HOME phone (_____) _____

Owners Employer: _____

Owners WORK phone (_____) _____

E-MAIL ADDRESS _____

(Please print carefully with special care to upper & lower case letters.)
(Be aware: University email addresses WILL NOT WORK most of the time)

In case of emergency, or if we are unable to contact you or the co-owner shown above, please give us the name of ANOTHER PERSON (a friend, relative, roommate, etc.) to contact:

Name _____

Relationship to owner(s) _____

Phone number (_____) _____

Alternate phone number (_____) _____

ARE YOU, OR THE CO-OWNER SHOWN AT THE RIGHT, A SENIOR CITIZEN (60 OR OVER)? YES / NO ?

How did you find out about Pet Vet?

- _____ Newspaper
- _____ Yellow Pages
- _____ Sign or Clinic Location
- _____ Website (www.PetVetKalamazoo.net)
- _____ Referral (for referrals, see box at right)
- _____ Other (please specify below:)

CO-OWNER INFORMATION

Is there anyone else who is responsible for the care of your pet(s), and whose name should be included on this account?

Co-ownership is usually reserved for a spouse or significant other who resides at the same address as the owner shown at the left. This co-owner must be someone who is fully responsible for the care of the pet and **has agreed to accept financial responsibility** for all services performed.

Yes No If yes, please fill out the following:

Co-owner's name: _____

Relationship to person listed at left: _____

Co-owner's CELL phone (_____) _____

Co-owner's HOME phone (_____) _____

Co-owners Employer _____

Co-owners WORK phone (_____) _____

If you were referred to us by a current Pet Vet client, please give us that individual's FULL NAME and PHONE NUMBER so that we can send them a Thank You card acknowledging their referral. If you were referred by another veterinarian, please give us the name and phone number of the clinic so we can report our findings to that doctor.

Referring client/clinic's full name: _____

Referring party's phone number: _____

(_____) _____

ALL payments are due at the time services are rendered.

We gladly accept cash, MasterCard, VISA, Discover, American Express, and CareCredit

****In order to comply with state regulations for controlled substances we must have a driver's license number and/or social security number on file.**

Primary owner's drivers license # (or state ID#)

Co-owner's drivers license # (or state ID#)

_____ - _____ - _____ - _____ - _____

_____ - _____ - _____ - _____ - _____

Issued by the State of _____

Issued by the State of _____

Primary owner's Social Security number:

Co-owner's Social Security number:

_____ - _____ - _____

_____ - _____ - _____

PATIENT (PET) INFORMATION

PET'S NAME _____

SPECIES: (please circle one)

CANINE **FELINE** OTHER _____
 (Dog) (Cat) (please specify)

SEX: (please circle one)

INTACT MALE (**ML**) NEUTERED MALE (**MN**)
 INTACT FEMALE (**FE**) SPAYED FEMALE (**FS**)

Breed _____

Color/markings _____

Birthdate _____ or Age: ____Y____M____W
 (including year) (Years/Months/Weeks)

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PREVIOUS HISTORY / DATES OF LAST VACCINATIONS/TESTS

If you have not already done so, please supply us with your pet's records from your previous veterinarian. If you do not have the records with you at this time please bring them in, mail them, or have them faxed to us at (269) 382-3236. While we welcome any and all records you might have, pet health care pamphlets or folders and information from a breeder does not provide the level of documentation which we need to provide quality care for your pet(s). Whenever possible, actual records from a veterinarian are best.