



1880 Haslett Rd. Ste A East Lansing, MI 48823 (517) 351-8417

New Client/Patient Form

PLEASE PRINT NEATLY.

Owner's name: _____
Spouse/Other: _____
Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____
Cell # (1): _____ Cell # (2): _____
Driver's License: _____
Email Address: _____

How did you hear about our clinic? (Please check one)

- Location (saw clinic) Yellow Pages
 Friend (their name) _____
 Other (please list) _____

Pet Information:

Name: _____ Dog Cat (Please check one)
Breed: _____
Age: _____ Date of Birth: ____/____/____
Description (color): _____
Gender: Male Female Neutered or Spayed: Yes No

Medical History:

Allergies: _____
Medical Conditions: _____
Dentistry: _____ Date: ____/____/____
Prior Surgery: _____ Date: ____/____/____
Other: _____

Please be aware that payment IN FULL is expected at time of service. We accept cash, check, Visa Master Card, or Discover. Thank you!

We like to post pictures to our social media sites. Please indicate if you are allowing us to post pictures of your pet(s). Please note, no last names are used to protect your privacy.

- YES! No, Please do not post

Signature of Owner/Agent: _____ Date: _____