

# WILLIAMSTON ANIMAL CLINIC

## 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**