Mancelona Veterinary Hospital
10338 S US 131 Mancelona, MI, 49659

Client Registration Form

Ph: 231.587.0520 Fax: 231.587.1051

Please Check One: **New Client ( )** **Current Client – New Pet ( )**

Name _____
Last First Middle

Mailing Address _____
Street/PO Box # City/State/Zip Code

Street Address _____

Home Telephone Number **Cell Telephone Number** **Emergency Telephone Number**

_____ _____ _____

Employer _____ **Work Phone** _____

Spouse/Co-Owner Name _____ **Phone Number** _____

Employer _____ **Work Phone** _____

Email Address _____

How did you hear of us? _____

Pet No. 1

Name _____
Birth date _____
Species: Cat Dog Other
Breed _____ Color _____
Sex _____ Neutered/Spayed Yes No Date_____
Date Last Rabies Vaccination _____
Date Last Vaccination _____
Where shots given _____
Any Long-term Problems _____
_____
Current Medications _____
_____
Reason for visit _____

Pet No. 2

Name _____
Birth date _____
Species: Cat Dog Other
Breed _____ Color _____
Sex _____ Neutered/Spayed Yes No Date_____
Date Last Rabies Vaccination _____
Date Last Vaccination _____
Where shots given _____
Any Long-term Problems _____
_____
Current Medications _____
_____
Reason for visit _____

Names and types of other pets you own _____

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for surgical treatment.

Signature of owner or agent _____

Method of Payment Cash Check MC/VISA Discover **Date** _____