Mancelona Veterinary Hospital

CLIENT REGISTRATION FORM

10338 S. US 131 Mancelona, Michigan 231-587-0520 Fax: 231-587-1051

Please check one: New Client ☐ Current Client - New Pet ☐

Name _____
Last First Middle Initial

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

Home Number_____ Cell Number _____ Emergency Number _____

Employer_____Work Phone _____

Spouse or Co-Owner Name _____

Employer _____ Work Phone _____

How did you hear of us ?_____
Person's Name, Yellow Pages, Sign, Newspaper, Other

Pet No. 1

Name _____

Birth Date _____

Species: Cat Dog Other _____

Breed _____ Sex _____

Neutered? Yes No Date _____

Date Last Vaccination _____

Date Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

Current Medications _____

_____

Pet No. 2

Name _____

Birth Date _____

Species: Cat Dog Other _____

Breed _____ Sex _____

Neutered? Yes No Date _____

Date Last Vaccination _____

Date Last Rabies Vaccination _____

Where Shots Obtained _____

Any Long-Term Problems _____

Current Medications _____

_____

Reason for visit _____

_____

List 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 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

_____