



**Mancelona**  
VETERINARY HOSPITAL

10338 South US Highway 131, Mancelona, MI 49659  
Telephone: 231-587-0520 Email: mancelonavet@torchlake.com

CLIENT INFORMATION – ABOUT YOU

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ May we use this to send you reminders? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Sec #: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Who should we contact in case of emergency while you are here? \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? Google \_\_\_\_\_ Online Review \_\_\_\_\_ Brochure \_\_\_\_\_ Website \_\_\_\_\_ Facebook \_\_\_\_\_ Drove By \_\_\_\_\_

If one of our clients referred you, please let us know so we can thank them: \_\_\_\_\_

How would you like us to contact you? Phone \_\_\_\_\_ Email \_\_\_\_\_ Text \_\_\_\_\_

Reason for leaving previous veterinarian: \_\_\_\_\_

INFORMATION ABOUT YOUR PET

PET #1

PET #2

PET #3

Name

Species

Breed

Color

Birthdate/Age

Gender

Male/Female

Male/Female

Male/Female

Neutered/Spayed

Yes/No

Yes/No

Yes/No

Previous Veterinarian

Records Provided

Yes/No

Yes/No

Yes/No

Current Medications

Any Serious Illness or Surgery

Any Known Allergies

Diet

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for and/or treat my pet(s). I assume responsibility for all charges incurred in the care of my animals. I also understand that these charges must be paid for at the time of release and that a deposit may be required.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT METHOD: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MC/VISA/DISCOVER \_\_\_\_\_ CARECREDIT \_\_\_\_\_



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**FINANCIAL POLICY AND RECORDS RELEASE**

*Thank you for choosing Mancelona Veterinary Hospital for your pet care needs. We are dedicated to providing the highest quality care to all of our patients.*

*In order to provide you services with the highest level of quality, we cannot extend credit out of our office. Please understand that payment in full is due at the time of service. We may also require a deposit for major procedures. To help you obtain your financial responsibility the following payment options are accepted.*

**PAYMENT OPTIONS**

- *Cash/Check: We accept payment by cash at the time of service. We also accept payment by check (if a valid driver's license number or state ID number, along with birth date is provided).*
- *Bank Credit/Debit Card: We accept payment by MasterCard, Visa, Discover, and American Express.*
- *In an effort to offer our clients more personalized financial arrangements, we are pleased to offer CareCredit. If you wish to take advantage of this payment plan, please ask one of our staff members for an application.*

**RECORDS RELEASE**

*By signing this form, I authorize Mancelona Veterinary Hospital to release my pet's medical and vaccine records, if requested, by another veterinarian, boarding facility, or grooming facility. I acknowledge that Mancelona Veterinary Hospital will not have me sign any additional paperwork to release my pet's records. However, I might be required to sign paperwork to have records transferred to Mancelona Veterinary Hospital.*

**I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE FINANCIAL POLICY AND RECORDS RELEASE POLICY.**

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Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

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Responsible Party \_\_\_\_\_ Date \_\_\_\_\_