



2150 West Liberty  
Ann Arbor, MI 48103

# New Client Form

(734) 662-4474

New Client: Y / N *(circle one)*

Current Client New Pet: Y / N

Changed Information Y / N

Authorized Owner: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

**Referred by** *(please indicate all that apply):*

- Phone book     Our Website     Newcomers Welcome Service     Yellowpages.com
- Google, Yahoo, etc.     Facebook/Twitter (other social media site): \_\_\_\_\_
- Existing client (name): \_\_\_\_\_

New Patient Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Color: \_\_\_\_\_ Sex: M / F  
 Spayed: Y / N      Neutered: Y / N

New Patient Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Color: \_\_\_\_\_ Sex: M / F  
 Spayed: Y / N      Neutered: Y / N

New Patient Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Other: \_\_\_\_\_  
 Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
 Color: \_\_\_\_\_ Sex: M / F  
 Spayed: Y / N      Neutered: Y / N

**Please provide your previous Veterinarians contact information so we can have your pet's medical records faxed to us (vaccination information, Heart Worm testing, etc., needed).**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Anyone else authorized to order treatment or obtain patient information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**I authorize the release of my pet's medical records and will assume responsibility for all fees incurred:**

*(Signature & Date)* \_\_\_\_\_

**Note: All professional fees are due at the time services are rendered**