



Ann Arbor Animal Hospital &
 Ann Arbor Animal Hospital Emergency
 2150 W. Liberty
 Ann Arbor, MI 48103
 Tel: (734) 662-4474 - Fax: (734) 662-4481
 www.AnnArborAnimalHospital.com

CLIENT AND PATIENT INFORMATION

New Client: Y / N (circle one) **Current Client New Pet:** Y / N **Changed Information** Y / N
Authorized Owner: _____ **Spouse:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Home Phone: (____) - ____ - _____

Cell Phone: (____) - ____ - _____

Email: _____

Driver's License: _____ **State:** _____

Referred by (please "✓" all that apply): Phone book Our Website Newcomers Welcome Service
 Yellowpages.com Google, Yahoo, etc. Existing client (name): _____

New Patient Name: _____	Dog: <input type="checkbox"/> Cat: <input type="checkbox"/> Other: _____
Breed: _____	DOB: _____ Age: _____
Color: _____	Sex: M / F Spayed: Y / N Neutered: Y / N

New Patient Name: _____	Dog: <input type="checkbox"/> Cat: <input type="checkbox"/> Other: _____
Breed: _____	DOB: _____ Age: _____
Color: _____	Sex: M / F Spayed: Y / N Neutered: Y / N

New Patient Name: _____	Dog: <input type="checkbox"/> Cat: <input type="checkbox"/> 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