

**CLIENT AND PATIENT INFORMATION**

New Client: Y / N (circle one) Current Client New Pet: Y / N

Changed Information Y / N

**Client Information-**

**Authorized Owner:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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

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

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

**DOB (required by the DEA):** \_\_\_\_\_

**How did you find us (please check all that apply)?**

Our Website	Google, Yahoo, etc.	YP.com (online Yellow Pages)	
Twitter	Facebook	Phone Book (Yellow Pages, etc.)	
Newcomer's Welcome Service	Community Event	Driving by the hospital	
My friend referred me and their name is:			
Saw an ad in (please indicate where):			

**Patient Information-**

**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

If you consent to your previous Veterinarian releasing their medical records for your pet(s) to the Ann Arbor Animal Hospital, then please provide your **previous Veterinarian's contact information** below. We request this so that we can have the medical records (e.g., vaccine history, Heart Worm testing, etc.) for your pet(s) sent directly to us. Having this helps us provide better care to your pet(s).

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

**Would you like us to release the medical records for your pet(s) to ALL veterinary offices, boarding facilities, groomers, etc. that request that information from us? YES / NO**

**If you would like us to release medical records only to specific entities, then please list any individuals, veterinary clinics, boarding kennels, pet insurance providers, etc. to whom you would like us to release the medical records for your pet(s):**

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**Anyone else authorized to order treatment:**

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

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

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**(Signature & Date)**

**Note: All professional fees are due at the time services are rendered. Monies owed for services not paid at the time services are rendered are subject to billing fees and interest.**

I, \_\_\_\_\_, give permission to use \_\_\_\_\_'s name,  
(client's name) (patient's name)

**photograph, or medical information for blog and social media purposes.**

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(Signature)