



Washtenaw Vet Hospital Registration Form

2729 Packard Road Ann Arbor Michigan 48108

Phone: (734) 971-5800

Thank you for giving us the opportunity to care for your pet.

To ensure the best care possible, please take the time to fill in this form completely. Thank you!

PLEASE CHECK:

NEW CLIENT

NEW PET ONLY

OWNER INFORMATION:

FIRST & LAST NAME: _____ Birthday: _____ Driver's License #: _____

SPOUSE/OTHER FIRST & LAST: _____ Driver's license #: _____

ADDRESS: _____ APT #: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY CELL #: _____ OTHER #: _____ TYPE: _____

SPOUSE/OTHER CELL #: _____ OTHER #: _____ TYPE: _____

PRIMARY EMAIL ADDRESS: _____ SPOUSE/OTHER EMAIL: _____

*****Do we have your permission to send lab results and information regarding your pet's visit via email?***** **YES** **NO**

EMERGENCY CONTACT: NAME: _____ PHONE: _____ RELATION: _____

Please have previous records emailed to frontdesk@wvhcares.com or faxed at 734-971-8299

PET INFORMATION:

PETS NAME: _____ BREED: _____ COLOR/MARKINGS: _____

DATE OF BIRTH OR APROXIMATE AGE: _____ (PLEASE CHECK): DOG CAT

(PLEASE CHECK): MALE FEMALE IS PET SPAYED OR NEUTERED (PLEASE CHECK): YES NO

HOW LONG HAVE YOU OWNED THIS PET? _____ REASON FOR VISIT TODAY: _____

PREVIOUS VETERINARY HOSPITAL NAME AND PHONE #: _____

HOW DID YOU FIND OUT ABOUT US? (PLEASE CHECK):

LOCATION INTERNET SEARCH OUR WEBSITE FACEBOOK OTHER: _____

AUTHORIZATION:

YES

I authorize Washtenaw Veterinary Hospital to use pictures of my pet for educational and/or promotional purposes:

NO

I authorize Washtenaw Veterinary Hospital to examine, treat and prescribe medications for the above described pet. I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all charges incurred in the treatment of my pet will be paid in full at the time of discharge and that Washtenaw Veterinary Hospital does not offer payment plans. I also understand that an estimate for the fees of services may be provided to me at my request, and that payment is due when services are rendered. Lastly, I understand that Washtenaw Veterinary Hospital has the right to refuse service without explanation upon receiving this application. I have read, understand and agree with the above information:

Signature of responsible party: _____ Date: _____