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## LET'S GET ACQUAINTED

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**Thank you for giving Southgate Animal Hospital the opportunity to care for your pet.**

**So that we may better serve you, please complete the following.**

Date: \_\_\_\_\_ Client No. \_\_\_\_\_  
(office use)

Owner's Name: \_\_\_\_\_ Co-Owner's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_ Co-Owner's Date of Birth: \_\_\_\_\_

Owner's Drivers License No. OR Social Security No. \_\_\_\_\_

Co-Owner's Drivers License No. OR Social Security No. \_\_\_\_\_

**\*\* Due to Michigan law, the owners' date of birth and drivers license OR social security numbers are required to dispense certain medications.**

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### Pet's Information

Pet's Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Bird: \_\_\_\_\_ Ferret: \_\_\_\_\_ Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Neutered/Spayed?: \_\_\_\_\_ Color: \_\_\_\_\_

Previous Vet: \_\_\_\_\_ Would you like your records transferred?: YES NO

How long have you had your pet? \_\_\_\_\_ Is your pet microchipped? YES NO

How did you choose our hospital?  Phone Book  Convenient Location  Facebook  Google Search

Personal Reference By whom? \_\_\_\_\_

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### Payment Policy

**Fees are to be paid at the time services are rendered. A written estimate of fees will be provided upon request. A deposit will be required prior to any surgery and/or extensive treatments. We accept Visa, MasterCard, Discover, American Express, Care Credit, and cash. We do not offer billing or payment plans.**

**\*\*We do not accept checks.**

**I have read and understand the above statements. Initial \_\_\_\_\_**