



LET'S GET ACQUAINTED

Thank You For Giving Southgate Animal Hospital The Opportunity to Care For Your Pet.

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

Date: _____

PLEASE PRINT

Client No. _____
(office use)

Owner's Name: _____ Spouse's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Place of Employment: _____ Owner's Date of Birth: _____

*Driver's License No. _____ OR *Social Security No. _____

***Due to Michigan law the owner's date of birth and Driver's license OR Social Security numbers are required for certain medications.**

Pet Information

Pet's Name: _____ Age/Date of Birth _____

Dog _____ Cat _____ Bird _____ Ferret _____ Other _____

Breed _____ Male _____ Female _____ Neutered/Spayed? _____ Color _____

Previous Vet and/or Hospital? _____ Date of last Exam? _____

Would you like your pet's records transferred? Yes _____ No _____

Number of other pets: Dogs _____ Cats _____ Birds _____ Other _____

Where did you acquire your pet? Stray _____ Newspaper _____ Individual _____ Pet Shop _____
Breeder _____ Shelter _____

How long have you had your pet? _____

How did you choose our hospital? Phone book _____ Convenient location _____
Personal reference _____ By whom? _____

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, Care Credit, and cash. Sorry, we cannot bill you.

***Checks will not be accepted on first time visits.**

I have read and understand the above statements. Initial _____