



New Patient Registration – MidMichigan Veterinary Hospital

Thank you for giving our Doctors and Staff the opportunity to care for your pet. So we can be better acquainted, please complete the following:

Name _____ Spouse _____

Address _____

Phone: (Home) _____ (Cell) _____ (Spouse's Cell) _____

EMAIL _____ DRIVER'S LICENSE# _____

Children (still at home) _____

Place of Employment: _____ Phone _____

Spouse's Place of Employment: _____ Phone _____

How did you become familiar with our hospital?

Internet _____ Hospital Sign _____ Yellow Pages _____ Other _____

Personal Recommendation _____ If so, whom may we thank? _____

Pet Information (Please fill in the following for each pet)

Name _____ Date of birth _____ Female Male Spayed/ Neutered

Dog Cat Breed _____ Color _____ Current Medicines _____

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Dog Cat Breed _____ Color _____ Current Medicines _____

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Dog Cat Breed _____ Color _____ Current Medicines _____

Other pets at home _____

In case of major medical decision, who makes the final decision about treatment?

Name _____

All payments are due at the time of services rendered.

We accept cash, checks, Visa, MasterCard, Discover and CareCredit.

Client's Signature _____ Date _____