

The Animal Hospital of Kentwood



Thank you for giving us an opportunity to care for your pet. So we may become better acquainted, please complete the following information.

Owner's Name _____ Spouse/Significant Other _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ E-mail _____

Place of Employment _____ Work Phone _____

Work Location _____

Spouse/Significant Other Place of Employment _____

S/S Other Work Location _____ Work phone _____

How did you become aware of our clinic? Hospital Sign ☐ Yellow Pages ☐ Internet ☐

Free Vaccines for Life ☐ Our Website ☐ Network News ☐ Other _____

Personal recommendation (please give their name so we can thank them) _____

Pet health information:

Name _____ Breed _____ Color _____ Sex _____

Date of Birth/Age _____ Spayed/Neutered? _____ Microchipped? _____ # _____

Previous Veterinarian Location _____ Phone Number _____

May we contact them to obtain previous records? _____

When was your pet last vaccinated? _____

Please list any previous problems we should be aware of (aggressive, fearful, medical conditions)

I hereby authorize the Animal Hospital of Kentwood to examine, prescribe for, or treat my pet. I assume responsibility for ALL charges incurred in my animal's care. I also understand that these charges are due at the time services are performed and that a deposit may be required for surgical/hospital care and treatment.

Signed _____ Today's date _____

For check cashing purposes, please provide:

Driver's license # _____

S/S Other driver's license # _____