

Angel Animal Hospital
24307 Halsted
Farmington Hills Mi, 48335
Client & Patient Information Form

Owner Information: (must be completed in full)

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____

Driver's License #: _____ Would you like email reminders? Yes No

Email (for reminders only) _____

How did you hear about our office? Referred by: _____

Employer: _____ Work Phone: _____

Pet Information:

Name: _____ Sex: Male Female Neutered/Spayed: Yes No

Species: Dog Cat Other If cat: Indoor Outdoor Both

Breed: _____ Color/Markings: _____

Birth Date/Approximate Age _____

Microchip ID# _____ Are you interested in a Microchip? Yes No

Previous/Current Vet: _____

Is your pet current on Vaccines/ Heartworm test/ and Fecal test? _____

Medical History (please list any conditions, allergies, medications, vaccine history, etc.)

I, the undersigned, do hereby certify that I am the owners (or duly authorized agent for the owner) of the animal described above and of 18 years of age or older. I understand that every effort will be made to be achieve a successful outcome, and to provide for all the possible safety in hospital care and handling.

I hereby authorize this hospital to receive, prescribe, treat, or perform surgery upon the pets on file and any additional pet I present. Furthermore, I agree to pay these fees in full for the services rendered at the time the pet is admitted to the hospital. ***Accounts not paid within terms are subject to a 1.5% monthly finance charge.***

I understand that veterinary service is not provided during the nighttime hours. If I neglect to pick up my pet within three (3) days of discharge date agreed upon and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best or necessary.

Signature: _____ Date: _____