Welcome To Our Practice!

Wyoming Animal Hospital 2754 Burlingame Ave SW Wyoming, MI 49509 (616)538-9700 Wealthy Street Animal Hospital 1052 Wealthy St SE Grand Rapids, MI 49506 616-551-0510

CLIENT INFORMATION	DATE
CLIENT NAME: SIGNIFICANT OTHER: ADDRESS:	NAME: SPECIES: BREED: SEX: COLOR:
TELEPHONE:	BIRTHDATE:
E/MAIL ADDRESS:	_
PLACE OF EMPLOYMENT WORK NUMBER NAME AS IS APPEARS ON DRIVERS LICENSE	Cell Number/Other DATE OF BIRTH
PLEASE INDICATE CHOICE OF PAYMENT: I understand that my personal information System (MAPS) PMPClearinghouse and I prescribed and dispensed, in accordance w	Cash Credit/debit cardCare Credit will be provided to the Michigan Automated Prescription PMP AWARXE systems when controlled substances are with Michigan State Law. I understand that my information by HIPPA and other applicable laws.
Pet Health Insurance Company	Policy Number
SIGNATURE	
I hereby authorize and provide my written copractice or other party by fax, surface mail of	onsent to transfer medical information to another veterinary r by email.
I accept:	Date:
I decline:	Date:
Our clinic policy is that any pet observed with	n fleas or flea dirt will be treated at the owner's expense.
HOW DID YOU BECOME AWARE OF OUR CLI	NIC? ☐ Yellow Pages ☐ Internet Search ☐ Facebook
☐ Fundraiser ☐ Client (write name)	

ANY ALLERGIES TO VACCINATIONS OR MED	ICATIONS?
IS YOUR PET ON ANY SPECIAL DIETS OR ME	EDICATIONS?
website, facebook or other promotional mate	nt your pet's picture or name displayed on our erials.

ALL FEES ARE DUE AT THE TIME OF SERVICES RENDERED. A \$3.00 BILL CHARGE WILL BE ADDED AT THE END OF EACH CALENDAR MONTH TO ALL UNPAID ACCOUNTS. YOU ARE RESPONSIBLE FOR ALL COSTS INCLUDED BUT NOT LIMITED TO ATTORNEY AND COLLECTION FEES. THERE IS A \$45.00 CHARGE FOR ALL RETURNED CHECKS.