

WELCOME TO THORPE ANIMAL HOSPITAL

1678 Mayfield Rd Lapeer Mi 48446
810-664-2233 Main/ 810-664-2203 Fax

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Owners Name _____ Spouse/Other _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell
Phone _____

E-Mail _____ Referred By _____

Drivers License # _____ DOB _____

Employer's Name & Address _____

In Case Of Emergency , Please
Call _____

Reason for Visit _____

Would you prefer EMAIL vaccine/appointment reminders?

PET HEALTH HISTORY:

Pet's Name _____ Date of Birth _____
Weight _____

Type of Animal: Canine _____ Feline _____ Other

Sex: Male _____ Female _____ Spayed/Neutered

Breed _____ Color _____

Vaccination History: Date and Type of Last Vaccinations

Please List Any Current Medications That Your Pet Is On

Is your pet insured? _____ Do you have your claim form or policy number?

I (being of 18 yrs of age) hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for hospitalization.

Signature of Owner/Agent_____

Date_____

Method of Payment: Cash_____ Check_____ MasterCard_____ Visa_____ Care
Credit_____