



# Eastown Veterinary Clinic

## New Client Form

Owner's Name \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_

Owner's State I.D./Driver's License # \_\_\_\_\_ Owner's Date of Birth \_\_\_\_\_ (MM/DD/YYYY)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Partner Cell Phone \_\_\_\_\_ Spouse/Partner Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Spouse/Partner Email Address \_\_\_\_\_

How did you hear about us?

- Location   
  Yellow Pages   
  Eastown Access   
  Cadence Newspaper   
  Eastown Street Fair  
 Grand Rapids Magazine   
  Facebook   
  Bing Search   
  Google Search   
  Website  
 Previous Client of Dr. Happel   
  Personal Recommendation (whom may we thank?) \_\_\_\_\_

Pet Information	Pet #1		Pet #2	
Name				
Species (Dog or Cat)				
Breed (Labrador, Siamese, Pug, ect.)				
Date of Birth or Approximate Age				
Gender (Please Circle)	Female Spayed	Male Neutered	Female Spayed	Male Neutered
Color				
<b>Previous Veterinarian Information</b>				
Hospital/Clinic Name				
Phone Number				

Any allergies to vaccine or medications?

Any previous illnesses or surgeries?

Is your pet on any special diet or medication?

I give permission for Eastown Veterinary Clinic to share photographs or case specific information about my pet in all media (including promotion, advertising, sale, publicizing, and general marketing of Eastown Veterinary Clinic).  Yes  No

I understand and agree to pay for services at the time that they are performed. Also, I understand that if I pay with a check and my check is returned due to non-sufficient funds, then I will be charged a \$25.00 returned payment processing fee.

Signature \_\_\_\_\_

Date \_\_\_\_\_