



St. Clair Shores, MI 48080  
 P: (586) 772-6111 F: (586) 772-6140  
[www.moorevet.com](http://www.moorevet.com)

**Financially Responsible Party:**

Mr. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Miss. \_\_\_\_\_  
 Dr. \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

**How did you hear about our hospital?**

Hospital Sign: \_\_\_\_\_ Yellow Pages: \_\_\_\_\_ Internet/Web: \_\_\_\_\_ Previous Client: \_\_\_\_\_

Personal Recommendation: Whom may we thank? \_\_\_\_\_

**Patient Information:**

\_\_\_\_\_  
 Pet's Name Sex M F Neuter/Spay Yes No Age/D.O.B. \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

\_\_\_\_\_  
 Pet's Name Sex M F Neuter/Spay Yes No Age/D.O.B. \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ City/Phone: \_\_\_\_\_

May we request your pet's medical records? Yes \_\_\_ No \_\_\_

**Driver's License Number:** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I 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 the animal and I, (undersigned), am at least 18 years of age. I also understand that all professional fees are due at the time services are rendered.

**Signature of responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_