



# Allegan Animal Clinic

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Welcome to our veterinary clinic & thank you for giving us the opportunity to care for your pet. We look forward to working with you in maintaining your pet's health. We ask you to completely fill in the following as we would love to become better acquainted with you & your pet. PLEASE PRINT CLEARLY.

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## OWNERS INFORMATION

FIRST & LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB (MONTH/DATE/YEAR): \_\_\_\_\_ SS # \_\_\_\_\_

DRIVERS LICENSE # & STATE OF ISSUE: \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_ SECONDARY PHONE # \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

WORK PHONE # \_\_\_\_\_

WHO MAY WE THANK FOR THE REFERRAL? \_\_\_\_\_

IF NO REFERRAL, HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

CO-OWNER: \_\_\_\_\_

PRIMARY PHONE # \_\_\_\_\_

IS THERE ANYONE ELSE WHO IS AUTHORIZED TO  
MAKE MEDICAL DECISIONS FOR YOUR PET?

YES

NO

NAME & PHONE NUMBER: \_\_\_\_\_

**PET INFORMATION**

NAME: \_\_\_\_\_ CANINE OR FELINE BREED: \_\_\_\_\_  
COLOR: \_\_\_\_\_ BIRTHDATE (DOB): \_\_\_\_\_  
MALE OR FEMALE SPAYED/NEUTERED?  YES  NO

NAME: \_\_\_\_\_ CANINE OR FELINE BREED: \_\_\_\_\_  
COLOR: \_\_\_\_\_ BIRTHDATE (DOB): \_\_\_\_\_  
MALE OR FEMALE SPAYED/NEUTERED?  YES  NO

NAME: \_\_\_\_\_ CANINE OR FELINE BREED: \_\_\_\_\_  
COLOR: \_\_\_\_\_ BIRTHDATE (DOB): \_\_\_\_\_  
MALE OR FEMALE SPAYED/NEUTERED?  YES  NO

ANY PREVIOUS SERIOUS ILLNESSES OR SURGERIES? \_\_\_\_\_  
IS YOUR PET ALLERGIC TO ANYTHING? \_\_\_\_\_  
IS YOUR PET CURRENTLY ON ANY MEDICATIONS? \_\_\_\_\_  
PREVIOUS VETERINARIAN & MAY WE CALL TO GET RECORDS? \_\_\_\_\_

**PAYMENT POLICY**

PLEASE INITIAL THE FOLLOW STATEMENTS.

\_\_\_\_\_

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED, NO EXCEPTION. PLEASE INFORM THE TECHNICIAN OR VETERINARIAN IF YOU REQUIRE AN ESTIMATE BEFORE SERVICES ARE PERFORMED.

\_\_\_\_\_

ADVANCED MEDICAL SERVICES, INCLUDING SURGERIES & DENTALS, REQUIRE A \$50 DEPOSIT WHEN SCHEDULING THE APPOINTMENT THAT WILL COME OFF THE TOTAL BILL WHEN SERVICE IS PERFORMED.

\_\_\_\_\_

FOR YOUR CONVENIENCE WE ACCEPT CASH, CHECK (WITH IDENTIFICATION), MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS & DEBIT CARDS. THERE IS AN ADDITIONAL \$35 SERVICE CHARGE FOR A CHECK THAT GETS RETURNED TO US DUE TO INSUFFICIENT FUNDS.

\_\_\_\_\_

I HEREBY AUTHORIZE THE VETERINARIANS & STAFF TO EXAMINE, PRESCRIBE FOR, AND/OR TREAT THE ABOVE-DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THIS ANIMAL. I ALSO UNDERSTAND THAT ANY & ALL CHARGES WILL BE PAID FOR AT THE TIME WHEN SERVICES ARE RENDERED.

\_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_