96th Street
Michigan Rd
Animal Hospital

Welcome

to Michigan Road Animal Hospital @ 96th Street

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 ensure the best care possible, please take the time to fill in this form completely. Thank You!

REGISTRATION

Date ____________________

Owner's Name ______________________________________ **Social Security Number** ______-______-_______

Address: Street _____________________________ **Apt #** _____________

City ______________________________ **State** __________ **Zip** _________________

Additional Owner's Name _______________________ Social Security Number* _______-_______-_______

Home Phone ___________________ **Cell Phone** _________________ **Partner's Phone** ________________

Employer: _______________________________________ **Work/Day Phone** _______________________

Would you like to access your pet's records online? Your e-mail is NOT shared & stays safe with us.

E-Mail Address _____________________ @ ________________ Partner's Phone __________________

Driver's License Number* __________________________________ State Issued ________

Date of Birth (responsible party must be 18 years old) ________________________

* information required for check writing purposes

How did you find out about us? (Please circle any that apply)

Yellow Pages | Google | Yahoo | Website | Angie's List | Indianapolis Humane Society
Hospital Sign/Drove By | A mailer sent to my home | Yelp | Other(please list)___________
AAHA /HealthyPet.com | Facebook | Individual, someone we can thank! _____________________

Reason for visit: ____

PET(s) HEALTH HISTORY

NAME OF PET(s)	BREED	COLOR	BIRTHDATE	SEX	SPAYED or NEUTERED?	MICROCHIPPED?

Has your pet(s) been vaccinated in the last year? If so, please list when and where ______________________
____

Please circle any symptoms or problems that you have noticed about your pet. (If you have more than one pet here today, please put the pet(s) initial next to the appropriate symptom)

Behavior Problems	Diarrhea	Lack of Appetite	Scratching	Thirst &/or Urination Increase
Bleeding Gums	Eye Problems	Limping	Seems Depressed	Vomiting
Breathing Problems	Gagging	Loss of Balance	Shaking Head	Weakness
Coughing	Incontinence	Scooting	Sneezing	Other ____________

Pet's current medications ____

AUTHORIZATION

I hereby authorize the Doctors and staff of Michigan Road Animal Hospital to provide medical service to my pet(s) and I assume full financial responsibility, understanding that services are to be paid for at the time of release of my pet. I also understand that a deposit may be required for some surgical services and/or treatments. Any fees associated with an overdue account: late fees, collections agencies costs, attorney fees, and court costs are my responsibility. The charge for a returned check is $30.00

Signature of Owner ______________________________________

(client must be 18 years old)

Method of Payment: (please circle) Cash Check Mastercard Discover Visa Care Credit