



# Washtenaw Veterinary Hospital Registration Form

2729 Packard Road  
Ann Arbor, Michigan 48108  
Phone:(734) 971-5800

Thank you for giving us the opportunity to care for your pet.  
To ensure the best care possible, please take the time to fill in this form completely. Thank you!

## OWNER INFORMATION

<b>Owner Name 1</b>	Drivers License #	
<b>Owner Name 2</b>	Drivers License #	
Address:	Apt #:	
City:	State:	Zip:
Primary Phone:	Other Phone:	
Email address:		
Do you prefer to be contacted by e-mail or regular mail?		
Emergency Contact Name and Phone Number:		
<small>(Emergency contact should be someone other than the owner(s) of the pet)</small>		

## PET INFORMATION

<b>Pets Name:</b>	Species: <input type="checkbox"/> Canine <input type="checkbox"/> Feline
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth/Age:
<input type="checkbox"/> Spayed/Neutered	Breed:
Color and Markings:	How long have you owned this pet?
Reason for Visit:	
Please indicate how you found us (circle one): (1) Location (2) Internet Search	
(3) Our Website (4) Facebook (5) Other Advertisement	
(6) Personal Recommendation/Referral - write in name:	

## AUTHORIZATION

I authorize Washtenaw Veterinary Hospital to use pictures of my pet for educational and/or promotional purposes  Yes  No

I hereby authorize the veterinarian(s) at Washtenaw Veterinary Hospital to examine, treat and prescribe for the above described pet(s). I agree to assume responsibility for all charges incurred in the care of this animal. I understand that all charges incurred in the treatment of my pet will be paid in full at the time of discharge and that Washtenaw Veterinary Hospital does not bill or offer payment plans. I also understand that an estimate of the fees for services may be provided to me at my request, and that I am encouraged to discuss all fees for care before services are rendered.

**I have read, understand and agree with the above information.**

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_