

Beisinger Veterinary Services

11 W Lake St

Sand Lake, MI 49343

616-557-3145

Client Information

First Name _____ Last Name _____

Secondary: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Email _____

Occupation _____

Employer _____

Date of Birth _____ Driver's License _____

What is your preferred method of contact? Email/Phone

Patient Information

Name _____ Sex _____ Canine/Feline _____

Breed _____ Date of Birth _____ Age _____

Microchip/Tattoo # _____

Any known allergies or major medical issues?

Additional Patients

Name _____ Sex _____ Canine/Feline _____

Breed _____ Date of Birth _____ Age _____

Microchip/Tattoo # _____

Any known allergies or major medical issues?

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Name _____ Sex _____ Canine/Feline _____

Breed _____ Date of Birth _____ Age _____

Microchip/Tattoo # _____

Any known allergies or major medical issues?

Name _____ Sex _____ Canine/Feline _____

Breed _____ Date of Birth _____ Age _____

Microchip/Tattoo # _____

Any known allergies or major medical issues?

Consent to adhere to the following Policies; initial after each

I am the owner of the patient(s) on this form. I have the authorization to consent and enter into agreement for treatment if/and when it is needed. _____

I understand that all fees are to be paid at the time of services. I understand that I can pay by Mastercard, Visa, Discover, Care Credit, or cash. _____

I understand that Beisinger Veterinary Services has the right to refuse me service if I am in anyway rude, threatening, or disrespectful at any time. _____

Owner(s)

Signature _____ Date _____