



Eastown Veterinary Clinic New Client Form

Owner's Name _____ Spouse/Partner Name _____

Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Spouse/Partner Cell Phone _____ Spouse/Partner Work Phone _____

Email address _____ Spouse/Partner Email Address _____

Preferred Method of Communication (*please only check one option*): Email Postal Mail

Whom may we thank for your business? _____

How else did you hear about us? (Select all that apply)

- Location Sign/Drive By Yellow Pages Eastown Access MyGRCityPoints Eastown Street Fair
 Previous Client of Dr. Happel Facebook Bing Search Google Search Website
 Grand Rapids Business Journal Grand Rapids Area Chamber of Commerce Community Event: _____

Pet Information	Pet #1	Pet #2
Name		
Species (Dog or Cat)		
Breed (Labrador, Siamese, Pug, ect.)		
Date of Birth or Approximate Age		
Gender (Please Circle)	Female Male Spayed Neutered	Female Male Spayed Neutered
Color		
Previous Veterinarian Information		
Hospital/Clinic Name		
Phone Number		

Any allergies to vaccine or medications?

Any previous illnesses or surgeries?

Is your pet on any special diet or medication?

I give permission for Eastown Veterinary Clinic to share photographs or case specific information about my pet in all media (including promotion, advertising, sale, publicizing, and general marketing of Eastown Veterinary Clinic). Yes No

I understand and agree to pay for services at the time that they are performed. Also, I understand that if I pay with a check and my check is returned due to non-sufficient funds, then I will be charged a \$35.00 returned payment processing fee.

I understand that I must give 24 hour notice to cancel or change my appointment to avoid the late cancellation/No Show Fee of \$50.00. If I do not provide 24 hour notice, I further understand that I will be responsible to pay that said \$50.00 fee.

Signature _____

Date _____