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CLIENT INFORMATION

WELCOME!

We are pleased to welcome you to our practice and appreciate the opportunity to care for your pets. Please take a few minutes to fill out this form and return it to our clinic at your next appointment. We look forward to working with you.

NAME _____ DATE _____ ACCOUNT # _____

STREET ADDRESS _____

CITY _____ ZIP _____

DRIVER'S LICENSE # _____

PHONE - HOME _____ CELL _____

SPOUSE _____ PHONE _____

EMAIL ADDRESS _____

EMPLOYER _____ PHONE _____

BUSINESS ADDRESS _____

ALTERNATE CONTACT _____

PHONE _____ RELATIONSHIP _____

REFERRED BY _____

PAYMENT

Professional fees are to be paid at the time services are rendered.

We will gladly prepare a written estimate of services if you so desire, please ask the technician or doctor. We do accept credit cards in cases of extensive medical or surgical procedures where full payment may be difficult at discharge. If you have any further questions or concerns regarding your expected expenses please speak with the doctor or the receptionist staff.

OWNER/AGENT SIGNATURE _____ DATE _____

Office Use Only:
Client Information Updated _____