



Thomas R. Pytel . D.V.M.

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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 front desk. We look forward to working with you!

YOUR NAME _____ DATE ____/____/____ ACCOUNT # _____

STREET ADDRESS _____

CITY _____ ZIP _____

PRIMARY PHONE (____) ____ - ____ Cell or Landline

SECONDARY PHONE (____) ____ - ____ Cell or Landline

SPOUSE _____ PHONE (____) ____ - ____ Cell or Landline

EMAIL 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 desire, please ask the technician or doctor. We do accept cash, check, credit card, and Care Credit. 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 ____ / ____ / ____