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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!

NAME _____ DATE _____ ACCOUNT # _____

STREET ADDRESS _____

CITY _____ ZIP _____

PHONE - HOME _____ CELL _____

SPOUSE _____ PHONE _____

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 _____