



24506 Gratiot Ave.
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Eastdetroitvet.com

New Client Information

Date _____

Client Name _____

Address _____

City, State, Zip Code _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Driver's License &Exp. _____

Spouse/Partner _____ Spouse/Partner Cell Phone _____

How did you hear about us? _____

New Patient Information

(Please provide staff with records from previous veterinarian)

When and where did you acquire him/her? _____

Name Dog/Cat M/F Breed Age/Birthdate Color

Has this pet had any prior illness or injury? _____

Is this pet spayed/neutered? _____ Is this pet microchipped? _____

Is this pet currently on any medications, heartworm, or flea/tick preventative? _____

What brand of food do you feed? _____

Please check the services/vaccinations your pet receives.

- Canine Rabies Vaccine
Canine Distemper/Parvovirus Vaccine
Canine Leptospirosis Vaccine
Canine Lyme Vaccine
Canine Bordetella Vaccine
Feline Rabies Vaccine
Feline Distemper Vaccine
Feline Leukemia Vaccine
Fecal Testing
Heartworm Testing
Dental Cleaning/Treatment

Please check your preferred payment method.

- Cash MasterCard Care Credit
Visa Discover

*Payment due when services are rendered.

*We do not have billing.

*Visit Carecredit.com for payment plans.

Other Household Pets

Name Dog/Cat M/F Breed Age/Birthdate Color

1. _____

2. _____

3. _____

4. _____