

## Welcome to The Visiting Vet MVC!

**Thank you for giving us the opportunity to care for your pet. We are happy to partner with you to provide the best possible care of your pets. Please help me to meet your needs by taking a moment to share some important information about you and your pets.**

Preferred pronoun: \_\_\_\_\_ Your name: \_\_\_\_\_

Spouse/partner's name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones/Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ SS or Driver's license # \_\_\_\_\_

Emergency contact name/phone: \_\_\_\_\_

Employers/occupations: \_\_\_\_\_

How did you hear about us? Personal referral/name: \_\_\_\_\_

drive by yellow pages internet search Facebook our website ad/where? \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Do you have your pet's records? \_\_\_\_\_

We will gladly provide you with estimates and options. **ALL FEES ARE DUE AT THE TIME OF SERVICE. We accept cash, checks, and credit cards.** There is a \$35 returned check fee.

To prevent the spread of fleas, all hospitalized patients must be flea free or given Capstar upon hospitalization. We highly recommend your pet is kept current of recommended vaccinations.

Signature of responsible agent for pet(s): \_\_\_\_\_ date \_\_\_\_\_

**\*Please inform Dr. Rotigel of any special needs or conditions that you or your pet may have**

**I consent to use of pictures of my pet on social media (circle)    yes    no**

Please tell us about all of your pets below/addtl pets may be listed on back of form:

Name	cat/dog/other	Sex	birthday	breed/color	health

*the Visiting Vet Mobile Veterinary Clinic*  
**Dr. Seely E. Rotigel    [www.kalamazoovisitingvet.com](http://www.kalamazoovisitingvet.com)    269-731-7387**