Animal Medical Center
of North Ottawa

Welcome
to Our Office

Dr. Peter A. Jackson
www.nunicavet.com

Today's Date: _____

Owner _____
Last   First   Initial

Spouse _____
Last   First   Initial

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Email address _____

Place of Employment _____

Work Phone _____ Can we call you at work? ☐ No ☐ Yes

Spouse's Place _____ Phone _____
of Employment

Who will be responsible for authorizing proceedures and/or paying for services?

_____
Signature
All fees are due upon release of patient

Please indicate your choice of payment.

☐ Cash   ☐ Check (driver's license required)
☐ Visa/Mastercard ☐ Discover

How did you hear about the Animal Medical Center?

☐ *Friend or relative/ Who?* _____

☐ *Yellow Pages/ Which Directory?* _____

☐ *Driving by, saw sign*

☐ *Print ad/Direct Mail Which one?* _____

☐ *Other (please specify):* _____

The State of Michigan requires us to provide them with with a Driver's License number and birthdate whenever we send home any controlled substance for your pet. For your convenience we will make a copy of your Driver's License. This will allow you to have others (family, friends)pick up controlled medications if neccessary.

Please list an Emergency Contact we may contact if we are unable to contact you.
Name _____

Phone _____

So thet we are able to serve you and your pet appropriately, please take the time to answer the following questions.

How do you view your pet(s)?

☐ Like a family member, I am concerned about all healh issues

☐ Simply as a pet, not as concerned about all health issues

Would you like to be present when your pet is treated/ examined? ☐ No ☐ Yes

Would you like to know ways to lengthen your pet's life? ☐ No ☐ Yes

Would you like an estimate for today's services before they are performed? ☐ No ☐ Yes

Would you like to receive newsletters, special offers or pet related information via E-mail.from the Animal Medical Center. ☐ No ☐ Yes

Will you be providing medical records or would you like us to request a copy of your pet's medical records from your previous veterinarian?   ☐ I will provide   ☐ Please call

Previous veterinarian, where we may obtain medical records _____

Privacy Policy: All information is kept strictly confidential and for office use only.

˜Thank you for taking the time to complete this registration. . . we will use this information to continually improve our service˜