



Resler Animal Hospital, PC

Thomas Resler, D.V.M.

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New Client Information

Pet Owner Information

Date

Owner's Name

Address

City, State, Zip

Home Telephone

Cellular Telephone

Email Address

Employer's Name

Employer's Telephone

Spouse's Name

Cellular Telephone

Employer's Name

Employer's Telephone

How did you become aware of our clinic?

Previous Client Location Website Saw Sign Yellow Pages

Personal Recommendation (whom may we thank?) _____

(over please)

All Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment:

Cash/Check Visa, Mastercard, American Express, Discover

Pet Information

Name of Pet

Canine Feline

Breed

Date of Birth/ Age of Pet

Male Female Spayed/ Neutered

Color and Markings

Does your pet have a microchip? Yes No
Do you have the number? _____

Allergies to any medication? _____

Any ongoing therapy? _____

What brings you to see us today? _____

Have you seen another Vet where we might obtain records? Yes No
If yes, please list the name and phone number: _____

Has your pet been treated for any illness in the past year? Yes No
If yes, please explain: _____