



**Michigan Road  
Animal Hospital**  
We Treat Pets Like Family

**Welcome** to Michigan Road Animal Hospital  
Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank You!

**REGISTRATION**

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License Number\* \_\_\_\_\_ State Issued \_\_\_\_\_

Date of Birth (*responsible party must be 18 years old*) \_\_\_\_\_

\* information required for check writing purposes

**How did you find out about us?** (*Please check any that apply*)

- Yellow Pages       Yellowpages.com       Website       Indianapolis Humane Society  
 Hospital Sign/Drove By       AAHA Referral       The Pet Doctor'-WIBC Radio  
 Other(please list) \_\_\_\_\_  Individual, someone we can thank! \_\_\_\_\_

Reason for visit: \_\_\_\_\_

**PET(S) HEALTH HISTORY**

NAME OF PET(S)	BREED	COLOR	BIRTHDATE	SEX	SPAYED or NEUTERED?	MICRO-CHIPPED?

Has your pet(s) been vaccinated in the last year? If so, please list when and where \_\_\_\_\_

**Please check any symptoms or problems that you have noticed about your pet.** (*If you have more than one pet here today, please put the pet(s) initial next to the appropriate symptom*)

- Behavior Problems       Diarrhea       Lack of Appetite       Scratching       Thirst &/or Urination Increase  
 Bleeding Gums       Eye Problems       Limping       Seems Depressed       Vomiting  
 Breathing Problems       Gagging       Loss of Balance       Shaking Head       Weakness  
 Coughing       Incontinence       Scooting       Sneezing       Other \_\_\_\_\_

Pet's current medications \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize the Doctors and staff of Michigan Road Animal Hospital to provide medical service to my pet(s) and I assume full financial responsibility, understanding that services are to be paid for at the time of release of my pet. I also understand that a deposit may be required for some surgical services and/or treatments. Any fees associated with an overdue account: late fees, collections agencies costs, attorney fees, and court costs are my responsibility. The charge for a returned check is \$27.00

Signature \_\_\_\_\_ Witness \_\_\_\_\_  
*(client must be 18 years old)* *(MRAH employee)*

**Method of Payment:** (*please check*)  Cash     Check     Mastercard     Visa     Care Credit