

Grand Rapids Veterinary Clinic, P.A.

405 SE 13th St., Grand Rapids, MN 55744

Phone: 218-326-0395

Website: www.grvet.com Email: healthypets@grvet.com

New Client Information Form

Last Name: _____

First Name: _____ Spouse's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

We can send you information via email for your pet(s) and your pet(s)' health care reminders. If you would like us to do this, please provide your Email Address: _____

Your Occupation: _____

Your Employer: _____

Your Work Phone: (____) - _____ - _____

Spouse's Occupation: _____

Spouse's Employer: _____

Spouse's Work Phone: (____) - _____ - _____

How did you select our hospital (ie. – Yellow Pages, Personal Referral, Internet, AAHA)?

If referred by one of our clients, whom may we thank? _____

Pet's Name: _____

Species: Circle One – DOG, CAT, BIRD, OTHER: _____

Sex: Circle One – Female, Female Spayed, Male, Male Neutered

Breed: _____ Color: _____

Birth Date: Month: _____ Day: _____ Year: _____

All fees are due by cash, check, or credit card, upon release of the patient. Thank you for giving us the opportunity to serve you.