

3805 Veterans Drive  
Traverse City, MI 49684  
P: 231-946-3770 F: 231-946-2641  
Email: info@gtveterinary.com



Chase Marr, D.V.M.  
Erin Dush, D.V.M.  
Marianne Jossens, D.V.M.

**VETERINARY  
Hospital**

**Client Information:**

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Your Name (Owner): \_\_\_\_\_ Pronouns: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

Additional Authorized Contacts: \_\_\_\_\_

Please note: For legal purposes, please list any persons over 18 years of age that will be authorized to make medical decisions for your pet(s) and/or with whom we can discuss your pets' medical records.

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How did you learn of our hospital? \_\_\_\_\_

If a friend, to whom may we send a thank you card? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pet Information:**

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Age/Birthday: \_\_\_\_\_

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Previous or Current Veterinarian: \_\_\_\_\_

Is your pet currently on any medications? If so, please list: \_\_\_\_\_

Please list any major medical events/surgeries in your pet's history: \_\_\_\_\_

Will you allow GTVH to post a picture of your pet(s) to our Facebook/Instagram page? \_\_\_ Yes \_\_\_ No

**You may request a written estimate for services to be performed. Please know that payment is due at the time services are rendered. *This office does not bill.***

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_