



# Caseville

## Small Animal Clinic P.C.

Pets leave an impression on our heart.

Dr. Kevin J. Stachowiak  
 Dr. Carrie A. Hooper  
 6970 Main Street  
 PO Box 534  
 Caseville, MI 48725  
 (989) 856-3525  
 www.CasevilleVet.com

### CLIENT INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Home Address \_\_\_\_\_ PO BOX \_\_\_\_\_  
 APT \_\_\_\_\_

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

2nd Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ May we use this to send you reminders? Yes \_\_\_ No \_\_\_

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

How did you hear about us? Yellow Pages \_\_\_ Internet \_\_\_ Recommendation \_\_\_ Other \_\_\_\_\_

If one of our clients referred you, please let us know so we can thank them \_\_\_\_\_

Pet Information	Pet #1	Pet#2	Pet#3
Name			
Species			
Breed			
Color			
Birthday/Age			
Gender	Male/Female	Male/Female	Male/Female
Neutered/Spayed	Yes/No	Yes/No	Yes/No
Previous Veterinarian			
Current Medications or Supplements			
History of serious illness or surgery			
Any known allergies			
Diet			

Please provide previous medical records for extensive medical history and medications

#### Authorization

I hereby authorize the veterinarian to examine, prescribe for and/or treat my pet(s). I authorize the Caseville Small Animal Clinic to release my pet's medical and vaccine records, if requested, by another veterinarian, boarding facility or grooming facility. I authorize the release of my phone number, name and or vaccine information to the Humane Society, County officials, or individuals that have identified my animal by a rabies vaccine tag & wish to contact me to return my pet. I acknowledge that CSAC will not have me sign any additional paperwork to release my pet's records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2 Sides



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## FINANCIAL POLICY

Thank you for choosing the Caseville Small Animal clinic for your pet care needs. We are dedicated to providing the highest quality care to all of our patients.

In order to provide you services with the highest level of quality, we cannot extent credit out of our office. Please understand that payment in full is due at the time of service. We may require a deposit for major procedures. There will be a 1.5% or a minimum \$3.00 monthly charge to any unpaid balance. To help you obtain your financial responsibility the following payment options are accepted.

## PAYMENT OPTIONS

- Cash/Check: We accept payment by cash or check at the time of service.
- Bank Credit/Debit Card: We accept payment by MasterCard, Visa, Discover and American Express.
- In an effort to offer our clients more personalized financial arrangements, we are pleased to offer Care Credit. If you wish to take advantage of this payment plan, please ask one of our staff members for an application.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE FINANCIAL POLICY.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## SOCIAL MEDIA RELEASE

I grant the **Caseville Small Animal Clinic** permission to copy, use, reuse, publish, and re-publish information about me and my pet and photographs of me and my pet in which I may be included, in whole or in part.

I waive the right to inspect or approve the finished product or products and other matter that may be used in connection there with or the use to which it may be applied.

I understand that the photos will be used for educational and other purposes and I release, discharge, and agree to save harmless the **Caseville Small Animal Clinic** and all persons acting under its permission or authority from liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur in the taking of said pictures or using the information in any subsequent processing thereof, as well as any publications thereof.

I warrant that I am of full age and have the right to contract my own name. I have read the above release prior to its execution, and I understand the content thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

- Decline
- Accept

**I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE SOCIAL MEDIA RELEASE POLICY.  
(Please check Decline or Accept and sign. Please sign even if you decline)**

Signature

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Date

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