

# Grand Traverse Veterinary Hospital

3805 Veterans Drive  
Traverse City, MI 49684  
(231) 946-3770  
info@gtveterinary.com



GRAND TRAVERSE  
VETERINARY  
Hospital

Thank you for giving us the opportunity to care for your pet! Please help us meet your needs better by taking a moment to share some important information. Must be 18 years of age or older to complete this form.

Primary Contact Name

Primary Contact Email Address

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Primary Contact Phone Number

Home Street Address, City, State and Zip Code

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Preferred Pronouns

Owner's Date of Birth

He/Him  She/Her  They/Them  Prefer to not answer

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Secondary Contact Name & Number

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Pet Information - below please indicate your pet (or pets) name, approximate age or DOB, breed, color, and indicate male/female and if your pet is spayed or neutered. Include any major medical history.

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How did you hear about us?

Family/Friend (please indicate who below)  Internet search  Facebook/Instagram/Social Media  Other (please indicate below)

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Is anyone in your home (human or pet) allergic to peanut butter or have another allergy?

Yes - Peanut Allergy  No Allergies  Yes - other Allergy - Indicate Below

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Do you currently use pet insurance, boarding or daycare facilities, specialty vets, or have any other affiliations you'd like us to know about?

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Turn me over. I have a back!

Photograph and Video Release: There may be times we would like to share a photo or video of your pet with our social media sites (including but not limited to our website, Facebook, Instagram, etc.) Please indicate your wishes below:

I hereby grant permission to use my pet(s) photograph or video on social media, website, promotional materials, etc, without compensation. Materials will become the property of the hospital.

I decline the use of my pet(s) photograph or video on any social media, website, promotional materials, etc.

Notification Settings - We use text messages and email to communicate appointment reminders, as well as your pet's health reminders (vaccines, exams, etc), and occasional emergency closure notices. If you would like to opt OUT of these reminders, you will have the option to elect this at the time of receipt. If you elect to opt OUT of these reminders, you will NOT get appointment reminders and will be responsible to keep track of upcoming appointments and services due.

I, \_\_\_\_\_, the undersigned, am the owner or agent for the owner of the animal(s) described, and I have the full and exclusive authority to execute this consent.

**PLEASE INITIAL THE FOLLOWING:**

- \_\_\_\_\_ I certify that I am 18 years of age or older.
- \_\_\_\_\_ I give permission to doctors, staff, authorized agents, or representatives of this hospital to examine, prescribe for, and treat my pet(s).
- \_\_\_\_\_ I agree to pay for all services rendered and medications, goods, and supplies at the time of visit or scheduled appointment.
- \_\_\_\_\_ I understand that all fees are due at the time services are rendered and the hospital accepts cash, check, and all major credit cards.
- \_\_\_\_\_ I understand that a deposit may be required for surgical or medical treatment.
- \_\_\_\_\_ I release this hospital from any and all liabilities due to declined services, care, and treatments.
- \_\_\_\_\_ I understand that if I cancel an appointment under 24 hours, there will be a scheduling fee applied to the credit/debit card on file.
- \_\_\_\_\_ I understand that if I am 10 minutes, or later, to my appointment rescheduling may be necessary.
- \_\_\_\_\_ I understand that any communication that takes place outside the normal GTVH channels (main phone number, text line, or a GTVH assigned emails) will be my liability.

By my signature below, I hereby acknowledge that I agree to all of the above and acknowledge the receipt of a copy of this agreement upon request.

Owner/Agent Name

Date

\_\_\_\_\_

Is there anything else you'd like us to know?

\_\_\_\_\_  
\_\_\_\_\_

The GTVH Website contains many valuable resources! Check it out to find our online pharmacy, our Pet Portal, Purina Direct, and other resources.