



“Thank You”

“Thank You” for expressing an interest in the services provided by our hospitals. We realize that choosing the veterinary practice that will care for your family companion is a very personal and important decision.

We hope that our website has provided you with all of the information about our services, our staff, and our mission. Now, we would love the opportunity to meet you and your family companion in our offices. We would be happy to make arrangements with you to come in and tour our facilities, meet our doctors and our veterinary team members, and examine your pet.

To show our appreciation for choosing our hospital, this letter will entitle you to a 20% discount on your first visit, excluding hospitalized services, pet foods, flea and heartworm prevention products.

Once again, “Thank You” for your time and your consideration in choosing our practice for your veterinary care needs. We look forward to meeting you and your family companion at your first visit.

Sincerely,

*The Doctors and Staff of
Downriver Veterinary Associates, P.C.
dba Lincoln Park Veterinary Hospital
and Downriver Animal Hospital*

Lincoln Park Veterinary Hospital
3909 Fort Street • Lincoln Park, MI 48146 • 313-389-2222

Downriver Animal Hospital
2050 Ford Avenue • Wyandotte, MI 48192 • 734-285-4848

DOWNRIVER VETERINARY ASSOCIATES, P.C.

NEW CLIENT INFORMATION

(Please Print)

Date _____ Client # _____

Owner's Name: Mr./Mrs./Ms. _____
Last First Middle

Spouse's Name: Mr./Mrs./Ms. _____
Last First Middle

Address: _____

City/State/Zip: _____ E-Mail Address: _____

Home Phone: () _____ Cell Phone: () _____

Method of Payment (please circle one): Cash VISA Master Card Discover American Express Care Credit

ATTENTION: Personal Checks cannot be accepted at your first visit.

ATTENTION: Your Driver's License# or a State I.D. # will be required. A deposit is required at the time of admission for any hospitalized service. Payment in full is due and payable when services are rendered. THANK YOU!

Drivers License # _____ or State I.D. # _____

Employer: _____ Work Phone: _____ Ext: _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Sign _____ Yellow Pages _____ Here Previously _____ Coupon or Mailer _____ City Adoption Program _____ Internet _____

Friend/Relative Name: _____

Address: _____

City/State/Zip: _____

*Your referral is greatly appreciated
and we want to THANK your referrer.
Please help us to
express our gratitude!*

PET INFORMATION

Pet's Name: _____ Dog _____ Cat _____ Other _____ Breed _____

Date of Birth: _____ Sex: M F Color _____ Spayed or Neutered: Yes No Unknown

MEDICAL HISTORY

Last date of veterinary care _____

Please name previous veterinary care provider here _____

******Media Consent: On occasion we may like to post your pets photograph and name, not your name or personal information to the following areas******

By Signing below I am giving Lincoln Park Veterinary Hospital authorization for electronic media use in the following areas:
Facebook Downrivervet.com (our website) In-Hospital Posting Hospital Brochures / Handouts

Client Signature _____

****PLEASE NOTE: For purposes of hospitalization and certain medical services, only those vaccinations and tests performed by a licensed veterinarian will be accepted. ****

Welcome to our Practice!