



# Welcome

## Client Information

**Full payment is due at time services are rendered. Thank You.**

Your Name \_\_\_\_\_ Senior Citizen 65 or older? YES NO

Spouse Name \_\_\_\_\_

Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Home/Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*Please provide us with your email address so we can keep you up-to-date on client/pet reminders, clinic updates and other special events!\*

**I understand that Animal Health Clinic may use a photo(s) of myself and/or my pet(s) on our Facebook page and/or clinic newsletter. We love to make our patients famous! Please initial if you give us permission or write NO if not. \_\_\_\_\_**

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Drivers Lic. # \_\_\_\_\_ Exp Date \_\_\_\_\_ Owners Birthdate \_\_\_\_\_**

**(Federal law requires us to report a driver's license number to the State of Michigan on controlled substance medications that we prescribe or use in clinic on your pet)**

Type of payment: Cash Visa/MasterCard American Express Check Care Credit  
How did you hear about us? Yellow pages Drive by Bing Referral Google Website Radio Monthly Shopper

Whom may we thank for referring you? Client \_\_\_\_\_ Other \_\_\_\_\_

In case of an emergency please provide an alternate contact name \_\_\_\_\_ Phone \_\_\_\_\_

## Pet Information

No.1 Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ S or N DOB \_\_\_\_\_

No.2 Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ S or N DOB \_\_\_\_\_

No.3 Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ S or N DOB \_\_\_\_\_

**I, the undersigned, give permission for Animal Health Clinic to share vaccine history/routine care to boarding/grooming facilities, rescue organizations, The Humane Society and Animal Control. CIRCLE: Yes No**

## Payments

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept all major credit cards. There will be a \$35 service charge for any check returned unpaid. To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and acknowledges that the above information is correct.

I understand the above terms and contract and agree to pay in full. I further understand that if this account is not paid in full, it will be turned over to the appropriate collection agency or legal system. All fees including court, attorney, and collection costs, will be applied to the collection of the delinquent account.

Signature of Client Responsible for Pet (s) \_\_\_\_\_ Date \_\_\_\_\_