DATE: _____



Client Registration Form

Owner Information: (Must be a legal adult over the age of 18. The person responsible for financial obligations.)

Name:		
(Last)	(First)	
Phone: (Home)	(Cell)	
Street:		
City:	tate: Zip:	
o		
e-mail address:		
Additional Contact Name	(Spouse / Significant Other / Relative / Friend / Other)	
	(Spouse / Significant Other / Relative / Friend / Other)	
Phone:		
**D	6 C 4 II. J.D J 066 6 I.J 468 44 44	
	for Controlled Drugs and our Office for Identification**	
(Required) Client Driver's License #:	(Required) Date of Birth:	
I was referred by a friend or family member. Please credit their account \$10!		
CLIENT NAME / PET NAME:		
First Pet's Information:		
Name:	Species: CANINE / FELINE	
DOG/Breed (If applicable):	CAT/Breed (If applicable):	
	Short Hair / Medium Hair / Long Hair	
Birth Date/Age: Color:	☐ Yes, my pet is microchipped!	
Sex: Female or Spayed OR Male	on Nontoned	
Sex: Female of Spayed OK Main	e 01 Neutereu	
Second Pet's Information:		
Name:	Species: CANINE / FELINE	
DOG/Breed (If applicable):	CAT/Breed (If applicable):	
	Short Hair / Medium Hair / Long Hair	
Birth Date/Age: Color:	☐ Yes, my pet is microchipped!	
Sex: Female or Spayed OR Male	e or Neutered	



Download the PetDesk app for free in the App and Google Play Store!

Social Media Release

I, grant Marysville Veterinary Clinic permission to share my pet(s) photos, story or medical information on social media.		
Signature: Date:		
☐ I do not want my pet(s) photos, story or medical information shared on social media by Marysville Veterinary Clinic.		
Cancellation and Missed Appointment Policy		
	ved appointment time in any veterinary office is limited and valuable. It is extremely important that all clients honor reserved appointments.	
In ord	ler to ensure quality of care for your pet, our office requires the following:	
1	. Clients who arrive more than 15 minutes late to their scheduled appointment time may be asked to reschedule as a courtesy to our other scheduled patients. This will be considered a "Missed Appointment".	
2	. Any appointment cancelled or missed without notice will be considered a "Missed Appointment".	
	 a. An appointment is considered a missed appointment if the client does not notify our office at least 24 hours in advance of the appointment time. If this happens, we will require a \$45.00 deposit when scheduling. This deposit will be applied to the next appointment. If the client misses this appointment, the deposit will be forfeited. b. If a client has multiple appointments scheduled for the same day and these appointments are missed, there will be a \$45.00 fee applied to the account. This payment must be received by our office before we can provide further services for your pet(s). c. An anesthetic appointment includes any surgical appointment or dental procedure. An appointment is considered a missed anesthetic appointment if the client does not notify our office at least 48 hours in advance of the appointment time. If this happens, there will be a \$75.00 fee applied to the account. This fee will be applied for each pet that misses an anesthetic appointment on that same day. This payment must be received by our office before we can provide further services for your pet(s). Please note that if a client misses an appointment for a dental procedure during our dental health months (February or August), he/she forfeits any future dental month discount. 	
Financial Policy		
	 We accept cash, check, VISA, MasterCard, Discover and CareCredit. \$38 Returned Check Fee. Additional 40% fee if sent to collections. 	

Date

Signature