

MARYSVILLE VETERINARY CLINIC

1273 Gratiot Boulevard, Marysville, MI 48040

Phone: (810) 388-8800 * Fax: (810) 388-1450

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:	State:	Zip:
Spouse's Name: _____		
<i>**Driver's License Required by State of Michigan for Controlled Drugs and our Office for Identification**</i>		
(Required) Client Driver's License #: _____ (Required) Date of Birth: _____		
e-mail address: _____		
Download the PetDesk app for free in the App and Google Play Store!		
<input type="checkbox"/> I was referred by a friend or family member. Please credit their account \$10!		
CLIENT NAME: _____		

First Pet's Information:

Name: _____		Species: _____
DOG/Breed (If applicable): _____	CAT/Breed (If applicable): <input type="checkbox"/> Shorthair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair	
Birth Date/Age: _____	Color: _____	<input type="checkbox"/> Yes, my pet is microchipped!
Sex: Female _____ or Spayed _____ OR Male _____ or Neutered _____		

Second Pet's Information:

Name: _____		Species: _____
DOG/Breed (If applicable): _____	CAT/Breed (If applicable): <input type="checkbox"/> Shorthair <input type="checkbox"/> Medium Hair <input type="checkbox"/> Long Hair	
Birth Date/Age: _____	Color: _____	<input type="checkbox"/> Yes, my pet is microchipped!
Sex: Female _____ or Spayed _____ OR Male _____ or Neutered _____		

FLIP OVER TO COMPLETE



**Marysville
Veterinary Clinic**
810-388-8800
marysvilleveterinaryclinic.com

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

Reserved appointment time in any veterinary office is limited and valuable. It is extremely important that all clients honor their reserved appointments.

In order 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 24-hour notice will be considered a “Missed Appointment”.
 - a. When the client is ready to schedule their next appointment, we will require a \$45 deposit before scheduling. The deposit will be applied to that visit. If the client misses the appointment, the deposit will be forfeited. A fee of \$45 will be charged for any one missed anesthetic appointment without 24-hour notice.

Financial Policy

1. All payments are due at the time of service.
2. We accept cash, check, VISA, MasterCard, Discover and CareCredit.
3. \$38 Returned Check Fee.
4. Additional 40% fee if sent to collections.
5. **Driver’s License Verification required on ALL checks and charges.**

Signature

Date