

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: _____
e-mail address: _____		
Additional Contact Name: _____ (Spouse / Significant Other / Relative / Friend / Other)		
Phone: _____		
<b>**Driver's License Required by State of Michigan for Controlled Drugs and our Office for Identification**</b> <b>(Required)</b> Client Driver's License #: _____ <b>(Required)</b> 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: _____	<input type="checkbox"/> <b>Yes, my pet is microchipped!</b>
Sex: Female _____ or Spayed _____ OR Male _____ or Neutered _____		

**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: _____	<input type="checkbox"/> <b>Yes, my pet is microchipped!</b>
Sex: Female _____ or Spayed _____ OR Male _____ or Neutered _____		

**FLIP OVER TO COMPLETE**



**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**

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 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).
3. We will require a \$75.00 deposit before scheduling any anesthetic procedure. An anesthetic procedure includes any surgical appointment or dental procedure. If you need to reschedule an anesthetic procedure, you must call 48 hours prior to 8:00 am the day of surgery; otherwise, the deposit will be forfeited.

**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**