

MARYSVILLE VETERINARY CLINIC

1273 Gratiot Boulevard, Marysville, MI 48040

Tele: (810) 388-8800 Fax: (810) 388-1450

DATE: _____

Client Registration Form

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

Name: (Last) (First)
Phone: (Home) (Cell)
Street:
City: State: Zip:
Spouse's Name:
Drivers License Required by State of Michigan for Controlled Drugs & our Office for ID
(Required) Client's Driver's Lic. #: (Required) Date of Birth:
e-mail address:
Circle the best form of communication for Appointment and Treatment Due Reminders:
a) Paper
b) E-mail
c) Text
Yes, 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):
Shorthair Medium Hair Long Hair
Birth Date/Age Color: 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):
Shorthair Medium Hair Long Hair
Birth Date/Age Color: Yes, my pet is microchipped!
Sex: (Female) or Spayed OR (Male) or Neutered


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

Social Media Release

I _____, grant Marysville Veterinary Clinic permission to share my pet(s) photos, story and 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.
2. Any appointment cancelled or missed without 24 hours' notice will be considered a "No Show" and charged accordingly
 - a. A fee of \$38 will be charged for any 3 appointments missed without a 24 hour notice, within one year –OR- and 1 missed anesthetic appointment without a 24 hour notice.

Financial Policy

1. All payments due at the time of service
2. We accept cash, check, VISA, MasterCard, Discover and Care Credit
3. \$30 Returned Check Fee
4. Additional 40% fee if sent to collections
5. **Driver's License Verification required on ALL checks and chrges**

Signature

Date