

# City Pets Veterinary Clinic

1723 Plymouth Road  
Ann Arbor, MI 48105

734-929-4071  
[www.citypetsvetclinic.com](http://www.citypetsvetclinic.com)

## Client Information and Consent

Owner's Name: \_\_\_\_\_

### Additional Pet #2 Information

Pet Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Exotic: \_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Current Diet: \_\_\_\_\_

### Additional Pet #3 Information

Pet Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Exotic: \_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Current Diet: \_\_\_\_\_

### Additional Pet #4 Information

Pet Name: \_\_\_\_\_ Dog: \_\_\_ Cat: \_\_\_ Exotic: \_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Neutered/Spayed? \_\_\_\_\_ Current Diet: \_\_\_\_\_

I am the owner of the above pet(s) or am acting as an agent for the owner, and accept full responsibility for all clinic fees. I understand that all clinic fees are to be paid in full when services are performed. This policy helps control the costs on which we base our fees. For any balances that remain overdue beyond the first 30 days, interest will be assessed at a monthly rate not to exceed 18% per annum. An Estimate of the fees for long term care/hospitalization will be provided upon request. I am financially responsible for the patient described above and agree to pay all fees incurred.

I further give my permission as the owner/agent for the owner, to City Pets Veterinary Clinic to proceed with any medical and/or surgical therapy as needed pursuant to my agreement with the doctor. However, I understand that unforeseen changes can and often do occur in treatment and that any medical and/or surgical procedure is attended by some risk and that it is not possible to guarantee the successful outcome of any such procedure. This agreement will form the basis for all future care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_