

City Pets Veterinary Clinic

1723 Plymouth Road
Ann Arbor, MI 48105

734-929-4071

www.citypetsvetclinic.com

Client Information and Consent

Owner's Name: _____

Spouse/Significant Other: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Circle One: Home Cell Work Other

Secondary Phone: _____ Circle One: Home Cell Work Other

Email: _____

May we email your pets reminders and occasional newsletters to you? _____

Driver's License Number: _____ Date of Birth (owner): _____

Employer: _____

Eligible for any discounts? Student Discount _____ Date of estimated graduation: _____

Senior Discount(65+) _____

How did you hear about our clinic?

Friend (who may we thank?) _____

Internet___: Please circle any that apply. Google VetStreet Yelp Yahoo Groupon

AnnArborObserver ___ AnnArbor.com ___ YellowBook ___ Radio ___

Professional Service (Groomer, Boarding Facility, Pet Store, Veterinary Clinic) _____

Walked by the clinic ___ Other _____

Pet Information

Pet Name: _____ Dog: ___ Cat: ___ Exotic: ___ Breed: _____

Age/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, or 1.5% per month.* 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.

I also understand that in the event that it becomes necessary to take my unpaid debt to collections, I will be responsible for payment of all collection costs, which may include but are not limited to collection agency fees, court costs, finance charges, attorney fees, as allowable by law for the collection of my account balance.

Signature: _____ Date: _____

Please Print Name: _____

I permit and authorize City Pets Veterinary Clinic and its employees, agents, and personnel who are acting on behalf of the Hospital to use my pet's photograph and first name for purposes related to the business of the clinic, including publicity, marketing, and promotion of the clinic. This may include, but not be limited to, the clinic website, Facebook page, and clinic newsletters.

Signature: _____ Date: _____