

**Animal Wellness Center of White Cloud, PLLC**  
**Offering Excellent Care for your Dogs and Cats**  
General Medicine & Surgery

Account Number \_\_\_\_\_  
Date \_\_\_\_\_

**Client Registration**

*Thank you for choosing the Animal Wellness Center. We pride ourselves in offering high quality medical care and emphasize preventative medicine. We look forward to serving you and caring for your pet's needs for many years to come. Please complete this form so we can accurately enter this information into our files.*

**All Clients MUST be at least age 18 and provide a driver's license or state I.D.**

**Owner's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Spouse/Partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Mailing Address, P.O. Box if applicable)

\_\_\_\_\_  
(City) (State) (Zip)

Contact Phone #: (\_\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Phone: (\_\_\_\_\_) \_\_\_\_\_  
(Please Indicate type of phone)

Work Phone #: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How would you like to receive your pet reminders?  
(Choose only one (1) method)

Text \_\_\_\_\_ Email \_\_\_\_\_ US Postal \_\_\_\_\_

*Text message charges may apply depending on your cellular plan. All text and email reminders will come from Vetter Software System.*

<b>Pet(s): Name</b>	<b>Age</b>	<b>Breed/Color</b>	<b>M/F</b>	<b>Date of Last Vaccinations &amp; Location</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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*We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that **payment is due when services are rendered.** Please feel free to ask for an **Estimate** prior to providing services. If at any time you are not satisfied with our service, please let us know. We will be happy to answer your questions.*

**Payment is due in full at the time of service.**

We accept cash, checks, and credit cards; VISA, MasterCard, Discover and Care Credit (Care Credit offers interest free payment plans for balances over \$200 if paid in full within 6 months)

Checks returned for non-sufficient funds will be charged \$35.00 or 10% returned check fee (whichever is greater) and may be debited from your bank account electronically.

Agreement Terms: balances due over 30 days will be charged a 2%/mo interest charge (24% APR). Additional collection fees will be charged if your past-due account is sent to Collections or Small Claims.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications and unforeseen circumstances. Any estimates or charges for the planned procedures are only approximations, and the final bill may be greater or less than these amounts. All services must be paid for before your pet leaves the Animal Wellness Center. Some procedures may require a deposit prior to treatment.

**I have read and understand AWC of WC payment expectations and I agree to the terms outlined above:**

**Client Agreement Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The following information is required for your account and is kept strictly confidential:**

Drivers License Number: \_\_\_\_\_ Exp: \_\_\_\_\_ State: \_\_\_\_\_  
or Michigan State ID (Required)

How did you hear about our clinic?

Phone Book: \_\_\_\_\_ Drove By: \_\_\_\_\_ Clinic Mailing: \_\_\_\_\_ Other: \_\_\_\_\_

Referral: \_\_\_\_\_ Whom may we thank for referring you? \_\_\_\_\_