

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 18 years or older and be able to provide a valid driver's license or state I.D. upon request.

Owner's Name: _____ **Date:** _____

Spouse/Co-Owner's Name: _____

Address: _____

(Mailing Address, P.O. Box if applicable)

(City)

(State)

(Zip)

Primary Phone #: (_____) _____ **Secondary Phone #:** (_____) _____

E-Mail Address: _____

How would you like to receive reminders for your pet(s)? (Please pick one)

Text _____ **E-Mail** _____ **Mail** _____

Text message charges may apply.

Patient Information

Name	Age	Breed/Color	M/F	Date of Last Vaccinations or Location

I give the Animal Wellness Center permission to release my pet's records to inquiring Groomers, Boarding Facilities, Veterinarians and/or Rescue Programs. _____ **(initial)**

I **authorize** or **do not authorize** permission for the Animal Wellness Center to share pictures and stories of my pet(s) on their website and in social media. _____ **(initial)**

How did you hear about our clinic?

Phone Book: _____ **Drove By:** _____ **Clinic Mailing:** _____ **Google/Facebook:** _____

Referral: _____ **Whom may we thank for referring you?** _____

(Continue on 2nd page)

Financial Policy

- Payment is due when services are rendered. Estimates are available prior to providing services upon request. Estimates are only approximations and the final bill may be greater or less than the amounts shown on an estimate.
- Our office accepts cash, checks*, and credit cards; VISA, MasterCard, Discover, and CareCredit
- Some procedures may require a deposit prior to treatment.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications and unforeseen circumstances. _____ (initial)

*Checks returned for non-sufficient funds will be charged \$35.00 and will be forwarded to the Newaygo County Prosecuting Attorney's Check Enforcement Program for collection.

I have read and understand Animal Wellness Center of White Cloud's payment expectations and financial policy. I agree with the terms outlined above.

Signature of Owner/Agent: _____ Date: _____

Prepaid Appointment Policy

When a pet experiences an urgent medical condition or emergency, it can be frustrating to learn that your primary veterinary clinic is booked out weeks in advance. Advance notice of cancellations helps our team ensure appointment times are available for pets requiring immediate care.

When we schedule appointments, we set aside time and professional resources to meet the individual needs of our patients. This year, we have seen a sharp increase in the number of clients that both do not call or show up for their appointments.

Therefore, we require an advance deposit of \$47 when making your appointment. This deposit will be applied to your invoice. If you need to reschedule your appointment and do so prior to 24 hours before your scheduled appointment, your deposit will be left on your account for your next visit. If you do not give us sufficient notice or fail to show up for your scheduled appointment time, your deposit will be forfeited and there will be no refund.

I have read and understand the Prepaid Appointment Policy and I acknowledge its terms. I also understand and agree that such terms may be amended from time-to-time by the Animal Wellness Center.

Signature of Owner/Agent: _____ Date: _____