

Office Use Only

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)

Primary Contact Phone #: (_____) _____ 2nd Phone: (_____) _____
cell home work cell home work

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.

Pet(s): Name	Age	Breed/Color	M/F	Date of Last Vaccinations & Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Payment is due when services are rendered. Please feel free to ask for an Estimate prior to providing services.

We accept cash, checks, and credit cards; VISA, MasterCard, Discover and Care Credit

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.

Animal Wellness Center has a 24 hour cancelation policy. If you cannot keep your appointment please let us know 24 hours in advance so we can offer that appointment to another client. We reserve the right to charge an office call fee for any appointments cancelled within 24 hours of your scheduled time.

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:** _____

How did you hear about our clinic?

Phone Book: _____ Drove By: _____ Clinic Mailing: _____ Other: _____

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