Ypsilanti Animal Clinic
37 Ecorse Road
Ypsilanti Michigan 48198
www.ypsivet.com

Medical Information:

Your Name:_____
First Last

Address:_____
Street City State Zip Code

Phone #:_____ Cell Phone #:_____

Email address:_____ Senior Citizen? Yes _____ No _____

Employer:_____ Phone #_____

Pet's Name:_____ Sex:_____ Neutered/ Spayed: _____

Pet's Date of Birth or Age:_____ Breed:_____ Color/Markings:_____

Date of Last Vaccination:_____

Referred By:_____ Friend/Relative_____
Web Site_____ Telephone Book_____ Saw Sign_____

I give permission for myself and my pet's name, likeness and pertinent medical issues to be posted online for informational purposes (Facebook posts and videos, etc). I understand that all images are property of Ypsilanti Animal Clinic and release any claim to them.
Owner's Signature _____

PLEASE UNDERSTAND THAT FULL PAYMENT IS DUE AT TIME OF SERVICE
Payment Method:
Cash:_____ Check:_____ Visa:_____ MasterCard:_____ Discover:_____

SERVICE CHARGE:
If I do not pay the entire new balance within 25 days of the monthly billing date, a billing fee of $10.00 will be added to the account for the current monthly billing period. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.

I have read, understood and agree to the financial terms.

Signature:_____ **Date**:_____

Driver's License#:_____
Required by the State for controlled medications
Owner Date of Birth: _____
Required by the State for controlled medications