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

Medical Information:

Your Name:_____
First Last
Address:_____
Street City State Zip Code

Cell Phone #:_____ 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:_____ Amex:_____ Visa:_____ MasterCard:____ Discover:_____ Care Credit ____

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. I agree to reimburse you the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

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