Milford Animal Clinic, P.C.
Thomas Smith, DVM ◊ Kaytlyn Voirol, DVM ◊ Mark Yoder, DVM

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(574) 658-4126 ◊ www.milfordanimalclinic.com

LARGE AND SMALL ANIMAL NEW CLIENT FORM

Full Name(Primary on Acct): _____

Address: _____City:_____St:_____Zip:_____

Home Phone: _____ Cell Phone:_____

Email Address: _____

Driver Lic. # _____

Place of Employment/Phone#:_____

Spouse's Name/ Phone #:_____

Spouse's DLN/State:_____

Spouse's Employment/Phone #:_____

Name of Pet/Breed/DOB:_____

Sex/Altered/Color:_____

Any Known Problems or Medications?_____

Authorization: I understand that I am responsible for all costs of treatments. I hereby authorize the veterinarian to administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper care. The information on this page and the medical histories are correct to the best of my knowledge. I grant the right to the veterinarian to release my medical histories and other information about treatment to other veterinary professionals.

Service Charge: If I do not pay the entire balance within 25 days of the monthly billing date, a service charge will be added to the account for the current monthly billing period. The service charge will be a periodic rate of 1.5% per month (or a minimum charge of $3.00 for balance under $200.00) which is an annual percentage rate of 18% applied to the month's balance. 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.

Signature_____Date_____