

Welcome to South Lyon Animal Clinic
Client Information

Date _____

Your Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Work _____
Number _____ Number _____ Number _____

Driver License Number _____ Date of birth _____

Spouse's Name _____ Cell _____
Number _____

Driver License Number _____ Date of Birth _____

How were you referred to our office? Drove By _____ Internet _____ Website _____

Facebook _____ Friend (name) _____ Other _____

E-mail _____

To activate your free pet portal (online access to manage your pets health) we need your e-mail

Authorization

Do you give permission to release your pet's records? Yes No

*I hereby authorize the veterinarian to examine, prescribe for, or treat the described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE PERFORMED.** I further agree that in case of nonpayment, any collection fees or attorney fees will be paid by me.*

Please let us know how you will be paying today. Cash ___ Check ___ Credit Card ___ Care Credit ___

“No show” policy

When we make your appointment, we are reserving time for your pet's particular needs. We ask that if you must change an appointment, please give us at least 24 hours notice. This courtesy makes it possible to give your reserved time to another client who would like it.

There is a charge of \$45.00 for not showing up for scheduled appointments. Repeated missed appointments will result in a required deposit for future appointment privileges.

Signature of client responsible for pet(s): _____ Date _____