



## Welcome to our Clinic!

Please take a moment to complete the following client registration form.

Owner

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City, State, Zip Code

Primary Phone Number: \_\_\_\_\_ Is this a Cell #? Y N

Cell Phone Number: \_\_\_\_\_ May we send you texts for appointment reminders? Y N

E-mail Address: \_\_\_\_\_

Spouse or Co-Owner: \_\_\_\_\_

Spouse Phone Number: \_\_\_\_\_ Is this a Cell #? Y N

How did you hear about us?:  Referral  Internet  Drive By  Radio  Chamber of Commerce  Other

I hereby authorize the Veterinarians to examine, prescribe for, and/or treat my pet(s) and future pet(s) as long as the Airport Veterinary Clinic is my veterinarian of choice. I accept the responsibility for charges incurred in the treatment of my pet(s) and understand that **payment is due when services are rendered**. By signing below, I assume responsibility for all charges incurred in the care of my pet(s). If I fail to meet the obligations of the office, I agree to be responsible for all attorney's fees, collection fees, and court costs. If the charges go to a collection agency, I understand that a charge of at least 40% will be added to the balance, and I also understand that I will be responsible for paying the attorney's fees and court costs as added per the attorney of the Airport Veterinary Clinic and the Court of Vigo County. I also understand that these charges are to be paid for at the time of release and that a deposit may be required for hospitalization and treatment. Checks returned for non-sufficient funds will be charged \$25 or 10% returned check fee (whichever is higher) and will be debited from your bank account electronically. All invoices are due when services are rendered/payable upon receipt. All bills not paid within 30 days will be charged a service charge of 5% per month.

**\* Missed appointments without notice interfere with our ability to provide service to patients who may be waiting to see a veterinarian. I understand that I will be responsible for a Missed Appointment Fee of \$25 should I fail to cancel and/or reschedule my pet's appointment.\***

Signature of Owner or Agent: \_\_\_\_\_ Date \_\_\_\_\_  
Method of Payment:  Cash  Check  Visa  MasterCard