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_____

PLEASE UNDERSTAND THAT FULL PAYMENT IS DUE AT TIME OF SERVICE
Payment Method:

Cash:_____ Check:_____ Visa:_____ MasterCard:_____ Discover:_____

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

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. The service charge will be periodic rate of 1.5% per month (or a minimum charge of $3.00 for a balance under $200.00) which is an annual percentage rate of 18% applied to the last 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:**_____

Driver's License#:_____

Client Date of Birth: _____