



New Client Registration Form

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please provide the following information. Today's Date: _____

Owner Name: _____ Spouse/Partner Name: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
County: _____ Township: _____ Email Address: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____
Driver's License #: _____ DOB: _____
How did you hear about our clinic? (Circle all that apply) Drive-by Yellow Pages Internet
Personal Referral (Who may we thank?) _____

Tell us about your pet (s):

Name: _____ Date of Birth: _____
Species: Dog Cat Horse Other: _____
Breed (s): _____ Color: _____
Sex: Male Neutered (Male) Female Spayed (Female)
Additional Information: (previous illness; diet; medications; allergies; etc.) _____

Name: _____ Date of Birth: _____
Species: Dog Cat Horse Other: _____
Breed (s): _____ Color: _____
Sex: Male Neutered (Male) Female Spayed (Female)
Additional Information: (previous illness; diet; medications; allergies; etc.) _____

Privacy Options:

While MI doesn't have any laws such as HIPAA, in regard to the confidentiality of veterinary patient records, Mac's Landing will attempt to keep any personal information such as address, phone number, and payment history private. As far as patient/pet history, initial next to the statement you would like us to follow:

1. You may share my pet's history with anyone who calls without prior approval _____
2. You may only share my pet's history with over vet clinics, boarding and grooming facilities and rescues calling for references without my prior approval _____
3. You can never share my pets history without prior approval (In emergency situation, if you cannot be reached, for the safety of your pet, we may share details with another vet clinic/animal control) _____

Do you give Mac's Landing permission to use your pets photo on social media?(i.e.: facebook) ___yes___no

Payment Options:

All fees are due at the time services are rendered. For your convenience we will gladly accept Cash, Check, Visa, MasterCard, American Express, Discover, and CareCredit.

(CareCredit is an extended payment program that offers low monthly payments and can assist you when a medical emergency arises, as well as make routine veterinary care more affordable. To apply, all you need to do is complete a short application. If you would like more information or would like to complete an application, let us know.)

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize Mac's Landing Veterinary Services to receive, prescribe for, treat or perform surgery upon the pet(s) listed and on additional pets I present. Furthermore, I agree to pay fees for services as they are rendered or at the time the pet is discharged from the hospital. I understand that a service fee will be assessed for every non-sufficient fund check and/or certified letter that must be sent. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that veterinary services is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify Mac's Landing Veterinary Services within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of it as deemed best and/or necessary.

All fees are to be paid at the time services are rendered or the animal is discharged. I have read and understand the previous statements and agree to these terms.

Signature: _____ Date: _____