

Rex A. Miller D.V.M.

John R. Colter D.V.M.

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**Client Registration** Client #­\_\_\_\_­­­\_\_\_\_

Thank you for choosing our animal clinic. We look forward to serving you and caring for your pet’s needs for many years to come. Please complete this form so we can accurately enter this information into our files. To open an account with us, you must be *at least age 18* and provide a photo ID, such as a driver’s license or state I.D.

**Owner’s Name (including spouse):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. Box: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □** primary **Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □** primary

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_I agree to receive important reminders for my pet via Phone/Text/Email**

**(Please Initial)**

**The following information is required for your account and is strictly CONFIDENTIAL.**

**Driver License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Driver License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spouse Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Spouse Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We pledge to do our very best to care for your pet’s health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet and accept that payment is due at the time of service. Please feel free to ask for an estimate prior to providing services.

**MISSED APPOINTMENT AGREEMENT**

Thank you for choosing Woodburn Veterinary Clinic for your veterinary care. Trying to accommodate every patient’s individual needs and client’s work schedules can be difficult, but we always try to do our best. We work very hard to stay on schedule so that our valuable patients will not spend time in our reception area waiting for an appointment.

A scheduled appointment is a commitment of time between you and our practice. We have reserved that time just for you. When appointments are missed or cancelled, that time is permanently lost. When people do not make their appointment on time, time was lost for the doctor who was planning on seeing your pet and for the pets we might have been able to schedule for a visit at that time. In addition, when your appointment is made, a room is reserved, your records prepared, and special instruments are readied for your visit.

We ask when you schedule an appointment that you make every effort to keep that commitment. We understand that personal emergencies sometimes occur, and we always take that into consideration when receiving a last-minute cancellation.

In order to provide the highest quality services to our patients, we have enforced a Missed Appointment Policy. **Please review the following agreement and sign at the signature line, indicating that you understand our policy.**

As a client or guardian for a patient receiving services from Woodburn Veterinary Clinic, I understand and agree with the following:

* A missed appointment may be defined as showing up later than 15 minutes for my scheduled appointment or completely failing to attend my appointment.
* I am responsible for cancelling my appointment within 24 hours prior to the appointment
* Should I fail to attend my appointment or cancel my appointment within the 24-hour period prior to my appointment, Woodburn Veterinary Clinic will notify me of the missed appointment via phone call. This appointment may be rescheduled.
* The first missed appointment will not be a charge, however, only missed appointments after will accrue a ***$45 fee***.
* A ***$75 fee*** will be charged for ANY missed surgeries. These appointments may be rescheduled.
* Appointments missed due to illness, adverse weather conditions or other conditions that reasonably prohibited me from cancelling the appointment will not be considered missed appointments. **I must notify Woodburn Veterinary Clinic of such an occurrence**.
* Woodburn Veterinary Clinic may terminate my services due to noncompliance if I have too many missed appointments, which is three missed appointments within a twelve-month period or several missed appointments over a multiple year period. Should noncompliance occur, Woodburn Veterinary Clinic will notify me of my termination.

**Agreement Terms:** **PAYMENT DUE AT TIME OF SERVICE IN THE OFFICE.** Balances due over 30 days will be charged a 1.5% monthly interest charge. If balance is not paid in full within 60 days, collection proceedings will be taken immediately and a $25 collection fee will be added to your account, along with the monthly interest charges. Checks returned for non-sufficient funds will be charged a $35 returned check fee and all applicable bank fees.

**Client Agreement & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client # \_\_\_\_\_\_\_\_\_\_