



Client-Clinic Agreement Form

I am the legal owner and/or I assume all responsibilities for all and any pets listed under my account name. I understand in order to receive any prescription products I need to establish a veterinary patient's client relationship. This means all pets must be seen annually to keep that relationship intact. I also understand that my pet will need to be seen for new medical issues in order for us to provide accurate medications.

I understand that all products and services will need to be paid for at the time of service by either cash, check or credit card. I resume responsibility for all checks that are written and if a bad check is written we will no longer accept that form of payment.

I understand that I am responsible for making appointments and showing up for those appointments. If that appointment no longer works for your schedule, it is your responsibility as the owner to notify us in a timely manner prior to the appointment. If an appointment is No Show/No Call you will receive one verbal warning, if this happens multiple times a year and/or in back to back years, we will request you prepay your appointment in order to schedule. The prepayment will be put towards your appointment, it is non-refundable and is forfeited if you do not show at the prepaid appointment. If the problem persists then we will ask for you to find another clinic.

By Signing this you agree to all the above statements.

Printed Name

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Signature

Date

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Any updates needed to your account:

**Names on Account**

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**Address**

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**Phone Numbers**

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**Email**

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**Pets On Account**

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