



**Blackman Animal Clinic**

2300 Wildwood Ave  
Jackson, MI 49202  
517-784-8457

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Spouse/Authorized User: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (To protect your account from unauthorized users.).

DOB (required) \_\_\_\_\_ (required for Michigan Automated Prescription reporting)

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address(If different) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: (required if you want online services) \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Please indicate how you heard about Blackman Animal Clinic: \_\_\_\_\_ Friend \_\_\_\_\_

Advertisement \_\_\_\_\_ Phone Book \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**PET INFORMATION**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Last Vaccinations: \_\_\_\_\_

The practice of veterinary medicine is significantly different than what people experience in their relationship with their personal physician. This leads to misconceptions and assumptions about how veterinary practice is conducted based upon experiences in human medicine. This can create misunderstandings and a disruption of our relationship with you and your animals. We believe solid communication can prevent this. Despite how critically ill or injured an animal may be, there is no legal obligation for a veterinarian to begin treating an animal *It is the owner's responsibility to have the financial resources or arrangements to care for an animal they own and to do so within the business policies and procedures of their choice of veterinary practice.* Unlike your physician, we are responsible for all buildings, human resources, medical instrumentation, and supplies dedicated to your animal's health and well-being in this practice. In the end, we must remain solvent in order to continue to serve you and provide for our families, too. You have the right to make economic decisions about your animals without judgment. We request the same understanding for our responsibilities and business policies.

**METHOD OF PAYMENT AND TERMS**

Payment shall be made in full at each appointment by cash, check, debit card, VISA, MasterCard, Discover, American Express or CareCredit. Payment equal to 1/2 of the estimated cost of surgery or treatment shall be required in advance of such services.

Today I will be paying by: (circle all that apply)    Cash    Check    Credit Card    Debit Card    CareCredit

Failure to make payment shall result in a finance charge of 1.5% monthly (18% annually) added to the balance each time this account is billed

I understand that a service charge of \$40.00 will be applied to my account for any returned checks written to Blackman Animal Clinic. In the case of default payment, I promise to pay any legal interest on the balance due, together with collection fees, court costs or attorney fees incurred in any attempt to collect this account. I understand that these stipulations apply for any future accounts incurred for this animal or any other animal treated at my request.

**I, the undersigned, am the responsible party for the account listed in my name with Blackman Animal Clinic.**

Owner/Agent: \_\_\_\_\_