

New Client Form

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Spouses Name: _____ Spouses Cell: _____

Email: _____

The State of Michigan requires us to log all controlled drugs. This is the reason we ask for owner's date of birth and driver's license number: DOB: _____

DL # _____

How did you hear of us? _____

Pet Name	Age/DOB	Sex	Cat/Dog	Breed	Color	Spay/Neuter

****Services are payable upon completion. Please be aware our practice does not accept checks.**

How would you be taking care of your bill today? *

We accept: Visa MasterCard Discover Cash Care Credit

1) TREATMENT CONSENT: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in FULL at time of service. I recognize that financial concerns should be discussed prior to exam & treatment. The MAH staff is happy to provide estimates. _____ Accept (initials)

2) PHOTO CONSENT: By checking below you give us permission to share your pet(s) image and story on social media. _____ Yes. I Authorize. ___ No. I don't authorize.

3) MEDICAL RELEASE: I hereby authorize medical records to be shared with other veterinary practices for treatment, diagnosis or transfer purposes. _____ Accept (initials)
 _____ Decline (initials)

4) CANCELLATION/NO SHOW POLICY: I accept and understand that in the event of cancellation, I will provide a 24 hour notice. If a cancellation isn't given 24 hour notice or I don't show to my scheduled appointment I will pay a \$25.00 Cancellation/No Show Fee and will be required to pay a \$25.00 deposit for future appointments. _____ Accept (initials)

Signature of Owner: _____ Date: _____