

# New Client Form

Owner Name:

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Address:

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

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Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Spouses Name: \_\_\_\_\_ Spouses Cell: \_\_\_\_\_

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Email:

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***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 # \_\_\_\_\_***

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How did you hear of us?

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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

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1) TREATMENT & PHOTO 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.

2) 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) I hereby authorize medical records to be shared with other veterinary practices for treatment, diagnosis or transfer purposes.  
\_\_\_\_\_Accept (initials)

\_\_\_\_\_ Decline (initials)

Signature of Owner: \_\_\_\_\_ Date:

\_\_\_\_\_