

Update Client Form

Owner Name:

Address:

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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 #

****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 & 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.

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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:
