

Goodison Veterinary Center Client Information

Date _____

Owner's Name _____

Street Address _____

(City) _____ (State) _____ (Zip Code) _____

Contact Numbers _____ (Home Phone)

_____ (Cellular Phone)

_____ (Work Phone)

Spouse Information (name)

(Cellular Phone) _____ (Work Phone) _____

E-mail

Address _____ @ _____

____ Yes, I would prefer e-mail reminders for my pet(s)

____ No, I would NOT prefer e-mail reminders for my pet(s)

How did you first hear of the Goodison Veterinary Center?

Driver's license number (if paying by check) _____

(Optional) Please provide us with a credit card number, in case of an emergency.

Credit card type & number _____

Expiration _____ Zip code to which bills are sent _____

Payment is due at time services are rendered.

We accept cash, personal checks, Visa, MasterCard, and Discover



Goodison Veterinary Center

4379 Orion Road, Rochester, MI 48306

(248) 650-5900

www.goodisonvet.com

July 1, 2014

Dear Goodison Veterinary Center, P.C. clients,

In accordance with Michigan Department of Licensing and Regulatory Affairs, Goodison Veterinary Center, P.C. is now required to report to the State of Michigan, on a daily basis, all controlled substances dispensed through the clinic.

Effective immediately, State law requires all prescribers of controlled substances to retain identification information for the owners of the pets we send home with controlled substances. For more information on this topic, please visit

<http://www.michigan.gov/lara>.

In order for Goodison Veterinary Center to prescribe any medications in the required class to your pet, please complete the following:

Pet name: _____

Client (pet owner) Name: _____

Client (pet owner) Identification (driver's license or MI ID card):

Client (pet owner) date of birth: _____

If you choose not to provide this information, we will not be able to dispense controlled medications to your pets.

Thank you for your understanding in this matter.