



Goodison Veterinary Center Client Information

Date _____

Owner's Name _____

Street Address _____

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

Contact Numbers _____ (Home Phone)

_____ (Cellular Phone)

_____ (Work Phone)

Alternate Contact

(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?

Payment is due at time services are rendered.

We accept cash, personal checks, Visa, MasterCard, American Express, Discover, and Care Credit.



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 information. Please note, due to state regulations, we are required to have this form on file for *each* pet who receives any controlled substances. We thank you in advance for your understanding and patience regarding this requirement.

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

Client (pet owner) date of birth: _____

Controlled substances prescribed by Goodison Veterinary Center will be given to the patient specified on label only (initial)_____

Controlled substances prescribed by Goodison Veterinary Center will not be resold in any form (initial)) _____

The above mentioned patient is not currently receiving a controlled substance prescription from another provider (initial)) _____

Signature _____ Date _____

Failure to comply with the statements above may result in the refusal to dispense or the discontinuation of the controlled substance by Goodison Veterinary Center.