



Registered Information Update Form

CLIENT INFORMATION

Owner:	Primary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
Address:	Secondary Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home
City/State/Zip:	Place of Employment:
Email Address:	Work Phone:
Co-Owner:	Co-Owner's Cell Phone:
Co-Owner Place of Employment:	Co-Owner's Work Phone:
Person Authorized to make Medical Care Decisions on my behalf (Other than above named):	Phone:
Person Authorized to make Medical Care Decisions on my behalf (Other than above named):	Phone:

Photo/Story Release: We often see interesting cases and adorable patients, which we would love to share with our community of clients. I hereby authorize Woodhaven to document my pet's care and potentially share a photo and/or story online or in print.

By signing, I accept responsibility for any and all charges related to my pet's care. I understand that this update applies to all pets listed on my account. I understand that it is my responsibility to communicate any changes to this list, to Woodhaven, via requesting a new update form. Payment is required at the time of service. I also agree to pay any collection and/or attorney fees that should arise from non-payment.

Signature of Owner or Owner's Representative

Date