



We know your pet's health is important and we thank you for trusting us to care for them. To help us provide the best care possible, **please take a moment and fill out this form completely.** Thank you!

**\* Information is required to be filled out.**

### REGISTRATION

DATE: \_\_\_\_\_

\* Owner Name \_\_\_\_\_

\* Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

\* Email \_\_\_\_\_

Spouse Name \_\_\_\_\_

Spouse Phone \_\_\_\_\_

\* Driver's License # \_\_\_\_\_ Spouse License # \_\_\_\_\_

How did you learn about our clinic? \_\_\_\_\_

Name and Phone number of pet(s) previous Veterinarian/Veterinary Hospital(s) \_\_\_\_\_

**If you have brought your pets previous veterinary records with you, please give them to our staff when you turn in this information sheet.**

### PET HEALTH HISTORY (FILL INFORMATION OUT COMPLETELY)

Name of Pet \_\_\_\_\_  Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday (Age) \_\_\_\_\_

Male  Neutered  Female  Spayed

Name of Pet \_\_\_\_\_  Dog  Cat

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthday (Age) \_\_\_\_\_

Male  Neutered  Female  Spayed

### AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I understand the hospital policy is to prevent the spread of infectious disease therefore all hospitalized animals must be current on all vaccinations. I assume full responsibility for all charges incurred for the care of this/these animal(s) and know that at any time I can request a treatment plan. I also understand that these charges will be paid in full at the time of service and that a deposit may be required for drop off procedures. I understand that there is a service charge applied to all unpaid transactions. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

We accept cash, checks, all major credit cards, and Care Credit which you can be approved in as little as 10 minutes.

\*\*\* ALL RETURNED CHECKS WILL BE CHARGED A \$25 RETURNED CHECK FEE\*\*\*

**\*\*DUE TO STATE LAW ALL ANIMALS MUST BE CURRENT ON RABIES VACCINATIONS\*\***

**This vaccination can be updated at the time of your appointment**

By checking this box I AGREE that my pet(s) pictures, information, and/or likeness can be used on Murphy Animal Clinic's social media sites or website.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_