

# MUIR OAKS VETERINARY HOSPITAL

## CLIENT REGISTRATION

Thank you for taking the time to complete this form. The following information will help us meet our goals of communication effectively with you, and providing the best possible care for you pet(s).

Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License \_\_\_\_\_

Client Date of Birth \_\_\_/\_\_\_/\_\_\_ (for controlled substances, prescriptions & senior discounts)

Employer Name \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

At what time \_\_\_\_\_ and at what number \_\_\_\_\_ is it best to call about your pet(s)?

My preferred method of payment is : **(please check one)**

CASH                       CHECK  VISA                       MASTERCARD

Care Credit

In case of **EMERGENCY**, please call \_\_\_\_\_ at telephone number \_\_\_\_\_

Pet's Name \_\_\_\_\_ Approx. Date of Birth \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Sex:  Male  Neutered  Unaltered

Breed \_\_\_\_\_  Female  Spayed

Color \_\_\_\_\_ **(Continue on reverse for additional pets)**

Previous/Current Veterinarian \_\_\_\_\_

Should we send for past veterinary records? \_\_\_\_\_

How did you first hear of us?  Drive by  Online  Other \_\_\_\_\_

Individual we may thank for personal referral \_\_\_\_\_

Opt out for posting photos of pet(s) on hospital website?

I hereby authorize Muir Oaks Veterinary Hospital to examine, prescribe for and treat my pet(s). I understand that professional fees are to be paid at the time of service and that a deposit may be required in some circumstances. I also understand that I am responsible to pay for all charges incurred in the care of my pet(s), including reasonable attorney's fees and cost of collection in the event of default. I further understand that if payment becomes 30 days past due, delinquency charges at the maximum allowable rate, will be due on delinquent amounts from the date the payment was due.

Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_