

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer (owner): \_\_\_\_\_ Owner Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer (other): \_\_\_\_\_ Spouse/Other Work #: \_\_\_\_\_ Cell #(other): \_\_\_\_\_

Preferred Method of Communication: Phone ( ) Cell Phone( ) Email ( ) Postal Mail ( ) Fax ( )

Owner Driver's License#: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security: \_\_\_\_\_

Spouse Driver's License#: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security \_\_\_\_\_

Do you have pet insurance? ( ) Yes ( ) No If yes, company and policy number \_\_\_\_\_

**How did you become aware of our clinic?**

- ( ) Sign ( ) Yellow Pages ( ) Here Previously ( ) Friend/Relative (who) \_\_\_\_\_ ( ) Love at First Sight ( ) Website ( ) Talk of the Town ( ) Fox 17 ( ) Media ( ) Search Engine e.g. Google ( ) Other \_\_\_\_\_

**Please complete your pet's information below:**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M MN F FS  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M MN F FS  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M MN F FS  
Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M MN F FS

Previous Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason(s) for this visit: \_\_\_\_\_

Is your pet currently receiving any medication? ( ) Yes ( ) No If yes, please list: \_\_\_\_\_

Does your pet have any known drug allergies? ( ) Yes ( ) No If yes, please list: \_\_\_\_\_

Does your pet have a microchip? ( ) Yes ( ) No If yes Microchip # \_\_\_\_\_

Additional Information: \_\_\_\_\_

The following people are authorized to present my above stated pets for treatment in the future, and I accept financial responsibility for any treatment or services performed \_\_\_\_\_

Photos may be taken of your pet by Murphy Road Animal Hospital, P.C., and may be used on our Facebook, website, in patient records and for your reminder postcards. Please check here ( ) if you do not wish to have your pet's photo taken.

**ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES**

Method of payment: ( ) Cash ( ) Check ( ) Bank Card

**Payment in full is expected when treatment is performed or animal is discharged.** In case of emergency hospitalization, deposit arrangements must be made with the receptionist. On your request we will provide you with a written estimate of fees before care is provided.

**I understand and agree that I am financially responsible for payment in full for all services and products received from and/or provided by Murphy Road Animal Hospital, P.C.** I also agree by signing below to take financial responsibility in the event the Doctor or Murphy Road Animal Hospital, PC suffers damages due to treatment that was fraudulently or improperly authorized . I understand that should I fail to honor my financial obligations with this facility, the entire balance shall be considered in default and immediately become due and payable. In addition, I understand the costs of collection and reasonable attorney fees necessary to collect the full amount due will be added to the balance. All unpaid balances shall be assessed interest fees of 1.75% per month (21% per year) beginning on the date of the service.

Signature: \_\_\_\_\_ Date \_\_\_\_\_