

Welcome to Murray Ridge Animal Clinic!



NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ Circle one: Mr. Mrs. Miss

Spouse/Co-owner _____ Circle one: Mr. Mrs. Miss

Address _____ City _____

State _____ Zip _____

Phone _____ Work Phone _____ Cell Phone _____

Which number do you preferred to be contacted? _____

Would you like to receive text messages? YES NO

May we use photo's of your pet on or website or social media? YES NO

Best Time To Reach You _____ E-Mail _____

All Professional Fees Are Due At The Time Services Are Rendered

Please indicate choice of payment. Cash / Check / Visa / MasterCard /CareCredit/ Other

How did you become aware of our clinic?

Personal Recommendation (*Whom may we thank?*)

PET INFORMATION

NAME _____ BREED _____

DATE OF BIRTH _____ COLOR _____

SEX; SPAYED OR NEUTERED? _____

YOUR PET'S VACCINATION HISTORY: (Date and type of last vaccinations)

Any previous serious illnesses or surgeries?

Any allergies to vaccinations or medications?

Is your pet on any special diets or medications?

In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards. There will be a service charge for any check returned unpaid.

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at time of release, that Murray Ridge Animal Clinic does not bill and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____