



# Registration

Record Number \_\_\_\_\_

## Client Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(for DEA only)

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Spouse/ Other

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

How did you choose Muller Veterinary Hospital? AAHA Adoption Center Location

Return Client Friend: \_\_\_\_\_

Professional Referral: \_\_\_\_\_

## Pet Information

Name \_\_\_\_\_ Dog/Cat Breed Date of Birth Spayed/Neutered MicroChip#  
Female/Male

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Comments: (anything you would like to share about your pets)

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### **Cancellation/No Shows**

We see patients on an appointment only basis. This ensures that we are able to provide appropriate care to all of our patients. If you are scheduled to see us and are unable to keep your appointment, please contact our office as soon as possible so that we may schedule your time for another patient. If you cancel appointments with less than 24 hours notice, or fail to come in for your appointment, you may be subject to a \$50 charge. This charge is not covered by pet insurance companies.

### **Medical Record Copies**

Should you need a personal copy of your pet's medical record there is a \$10 fee for faxed or photocopies. We will fax records to referral veterinarians free of charge.

### **Payment**

We will gladly prepare a written estimate for services (please ask our doctor or receptionist). **All professional fees are due at the time services are rendered.** We accept Mastercard/Visa/Discover and Care Credit cards, and personal checks. There will be a service charge of \$25.00 for any check returned unpaid.

Thank you for entrusting us with the care of your pet(s).

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Signature of Client responsible for Pet(s)

Date